

Name
in
Full

James A Garfield Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Month

Day

Years

Month

Days

Date
of death 1909

July

15th

Age

37

2

Sex

Male

Color or
Race

Colored

Birth
place

Somerset Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

George W Bailey

Father's
Birthplace

Somerset Co

Father's
Name

Mary Hall

Mother's
Birthplace

Somerset Co

Mother's
Maiden Name

Kiss W Bailey

How related
to deceased

Sister

Name of person giving
Information

CAUSES OF DEATH

Primary

Scratches from Lin

72

How long

Immediate

Inhalation

How long

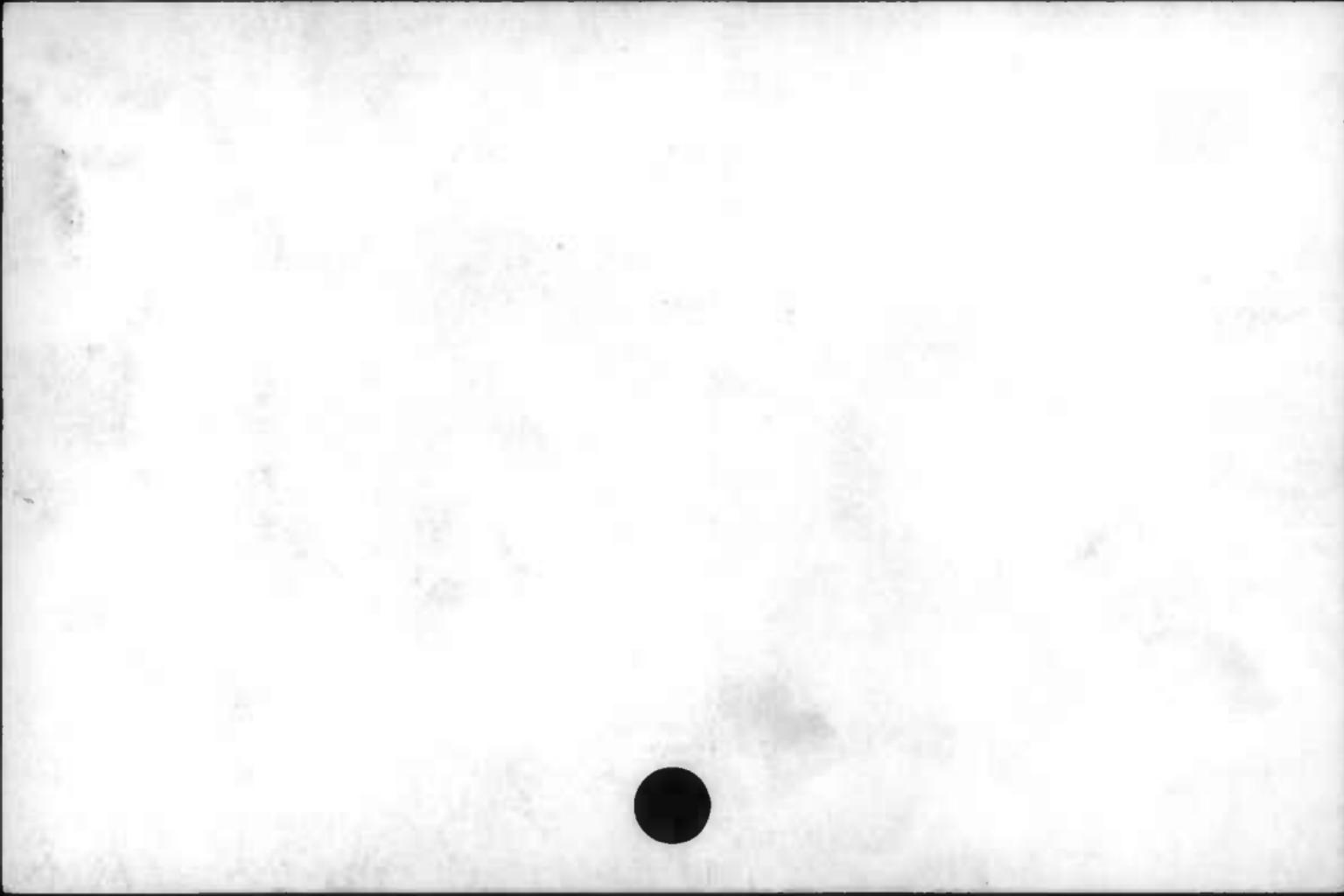
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. Barnes M.D.
Princess Anne
R.F.D. #2 Nid

Accident or Suicide



Name
in
Full

Keziah Bogman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	Somerset			County	MARYLAND	
Died at	Month	Day	Years	Month	Days	
Date of death 1909	July	16	Age 75			
Sex Female	Color or Race White				Birth-place	Darchester
Occupation Housewife	Where Residing if not at place of death			Deals Island		
Married, Single or Widowed	Name of Wife or Husband	Thomas Bogman			Father's Birthplace	Unknown
Father's Name	Unknown				Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown				How related to deceased	
Name of person giving information	Wicks Bogman				Son	

CAUSES OF DEATH

Primary

Themic Fever (Florida type)

169

How long

t 36 hrs

Immediate

Apsoplyxy

How long

30 min.

Are the name, age, sex, color, date and place correctly given above?

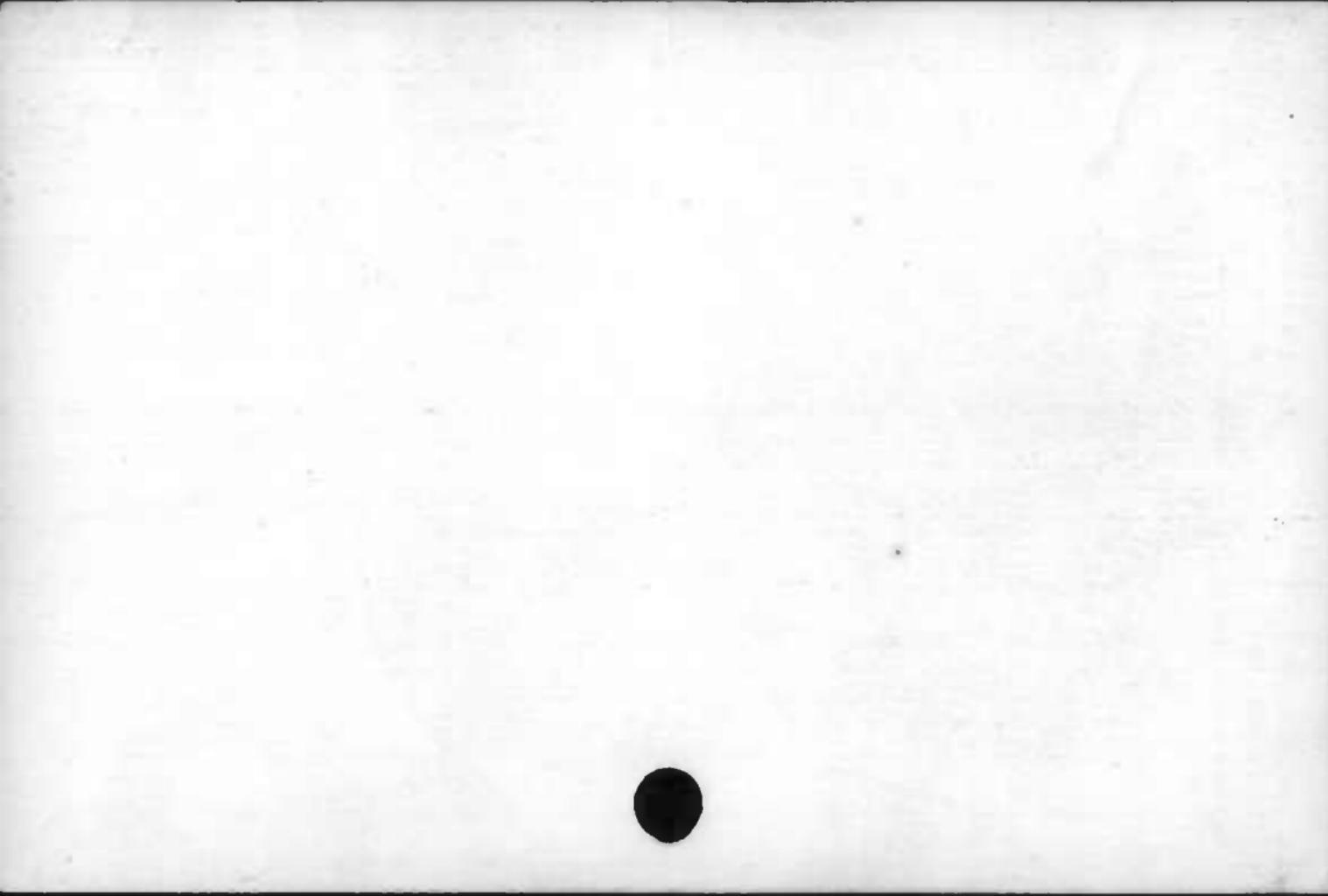
Signature of Physician

Address

H. G. Alexander
Somerset Co.

Filled by Undertaker

Accident or Suicide



Name
in
Full

No Name Birmingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lanseria				
Mother's Maiden Name	Maryland				
Name of person giving Information	None				

1909 July 28 2

Male Black Marumsco

Carl Birmingham

Bridget Boyer

Frank Gare

CAUSES OF DEATH

101 X

Primary

Throat trouble

How long

9

Immediate

Weakeness

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

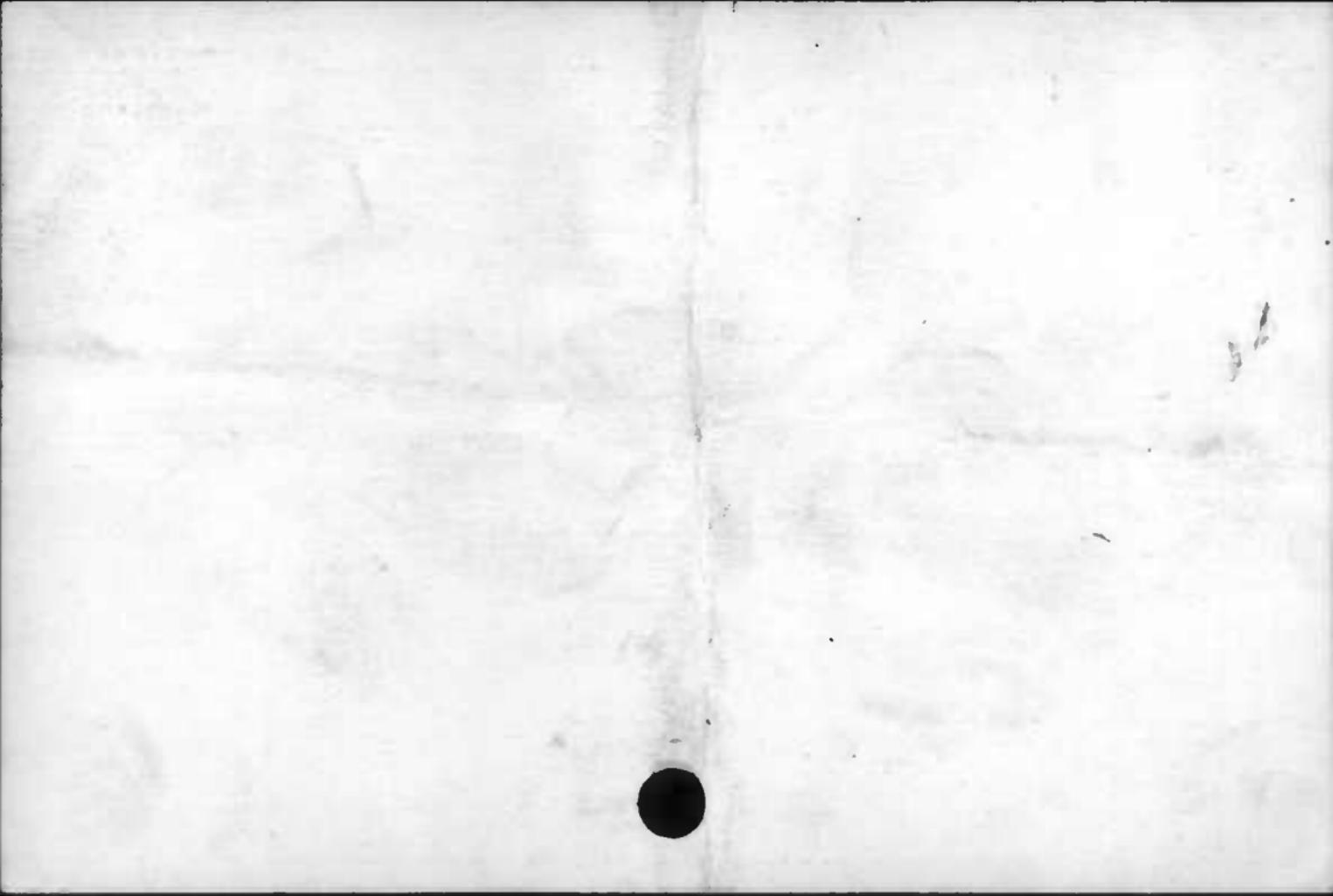
None

Address

Frank Gare
E.A. Lampford

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Luilla Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cusfield

Town

County

MARYLAND

Days

Date of death 1909

Month

Day

Years

Months

Days

Age 1

Sex

Female

Color or
Race

Black

Birth-
place

2

Cusfield

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur Brown

Father's
Birthplace

Cusfield

Mother's
Maiden Name

Jessie Handley

Mother's
Birthplace

Cusfield

Name of person giving
Information

Luilla Brown

How related
to deceased

Moth.

CAUSES OF DEATH

Primary

Sudostem

105

X

How long

3 weeks

Immediate

Allo Colitox

4 days

Are the name, age, sex, color, date
and place correctly given above?

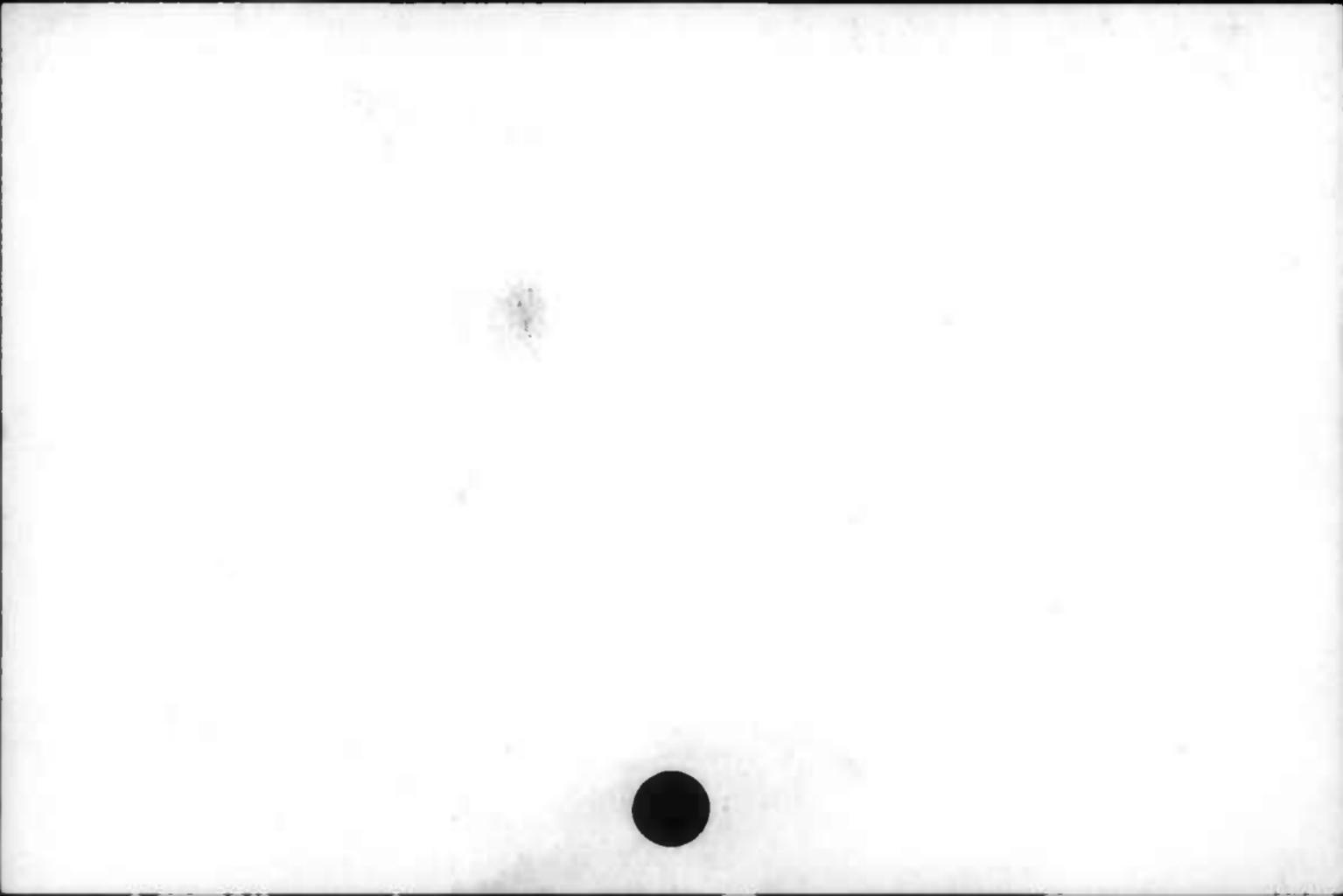
Signature of
Physician

Address

C. E. Lacant
Cusfield
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John Chellon		Town Crisfield		County Somerset		MARYLAND	
Died et	Month	Day	Years		Montha	Days	
Date of death 1909	July	11	Age 1		3	0	
Sex Male	Color or Race White	Birth- place Crisfield					
Occupation None	Where Residing if not et place of death Crisfield						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name John Chellon	Father's Birthplace Somerset Co						
Mother's Maiden Name Safie Howard	Mother's Birthplace Talbot Co						
Name of person giving Information J. S. Lawson	How related to deceased son						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Bronchitis

90 X
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

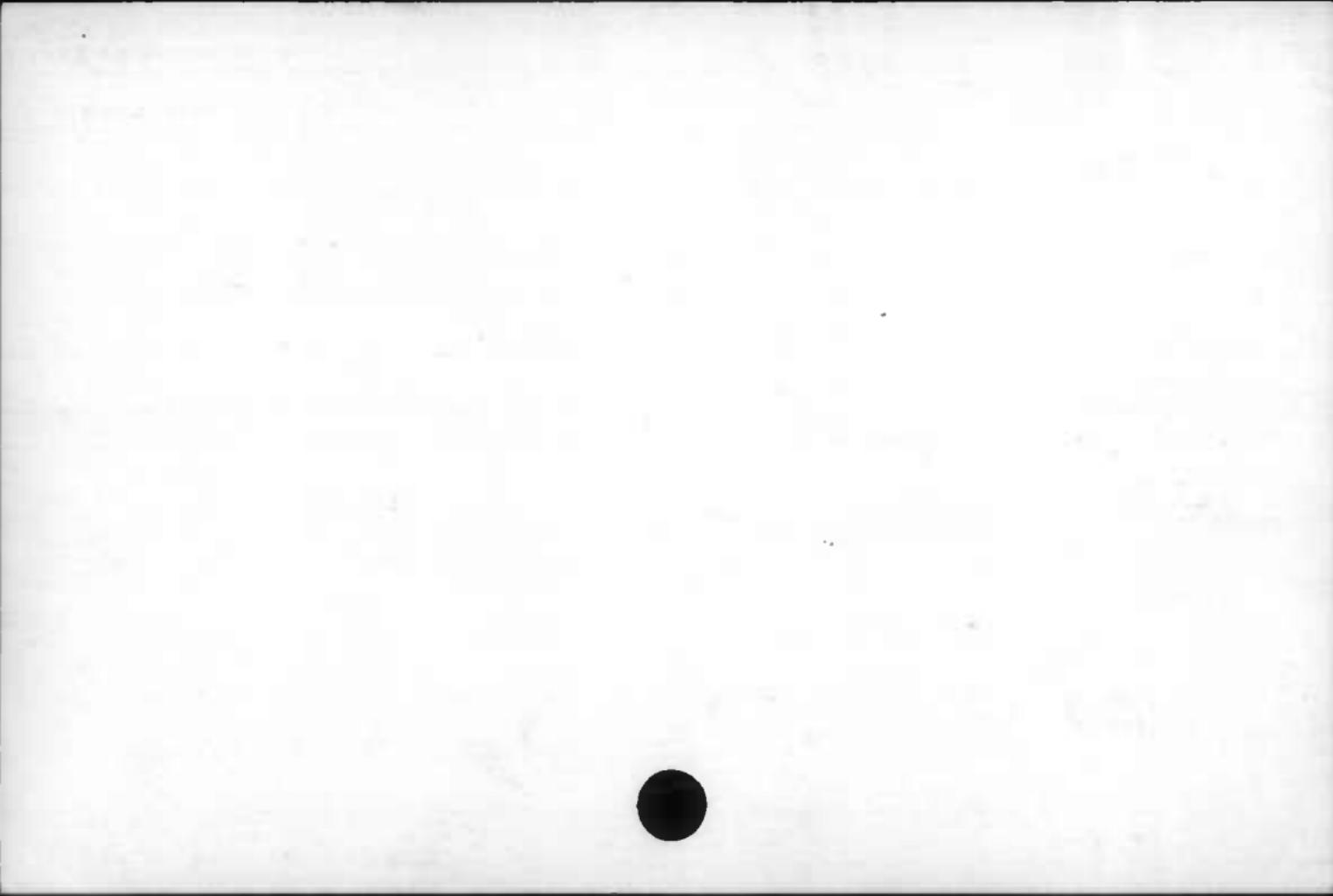
Signature of
Physician

Address

J. F. Somers
Crisfield
Md

Accident or Suicide

No



Name
in
Full

Robert Lee Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County

Date of death Month Day Years Months Days

1909 July 29 1

Sex Male Color or Race

Occupation

Where Residing if not
at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Geo Collins

Father's Birthplace

Somerset

Mother's Maiden Name

Allie Powers

Mother's Birthplace

Somerset

Name of person giving Information

Geo Collins

How related to deceased

father

CAUSES OF DEATH

Primary

Malnutrition
Exhaustion

179

How long

Immediate

X

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Peetsae
Premier City, Wis.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Curris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at	Mission	Somerset			
Date of death	190	Month	Day	Years	Month
Sex	male	Color or Race	Brown	Age	5-5-
Occupation	Barker			Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	Dona Curris		
Father's Name	Henry Curris			Father's Birthpiece	Somerset
Mother's Maiden Name	Susan Curris			Mother's Birthpiece	Somerset
Name of person giving Information	A. L. Dryer			How related to deceased	now

CAUSES OF DEATH

Primary

Tuberculosis
exhaustion

How long

Don't know

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

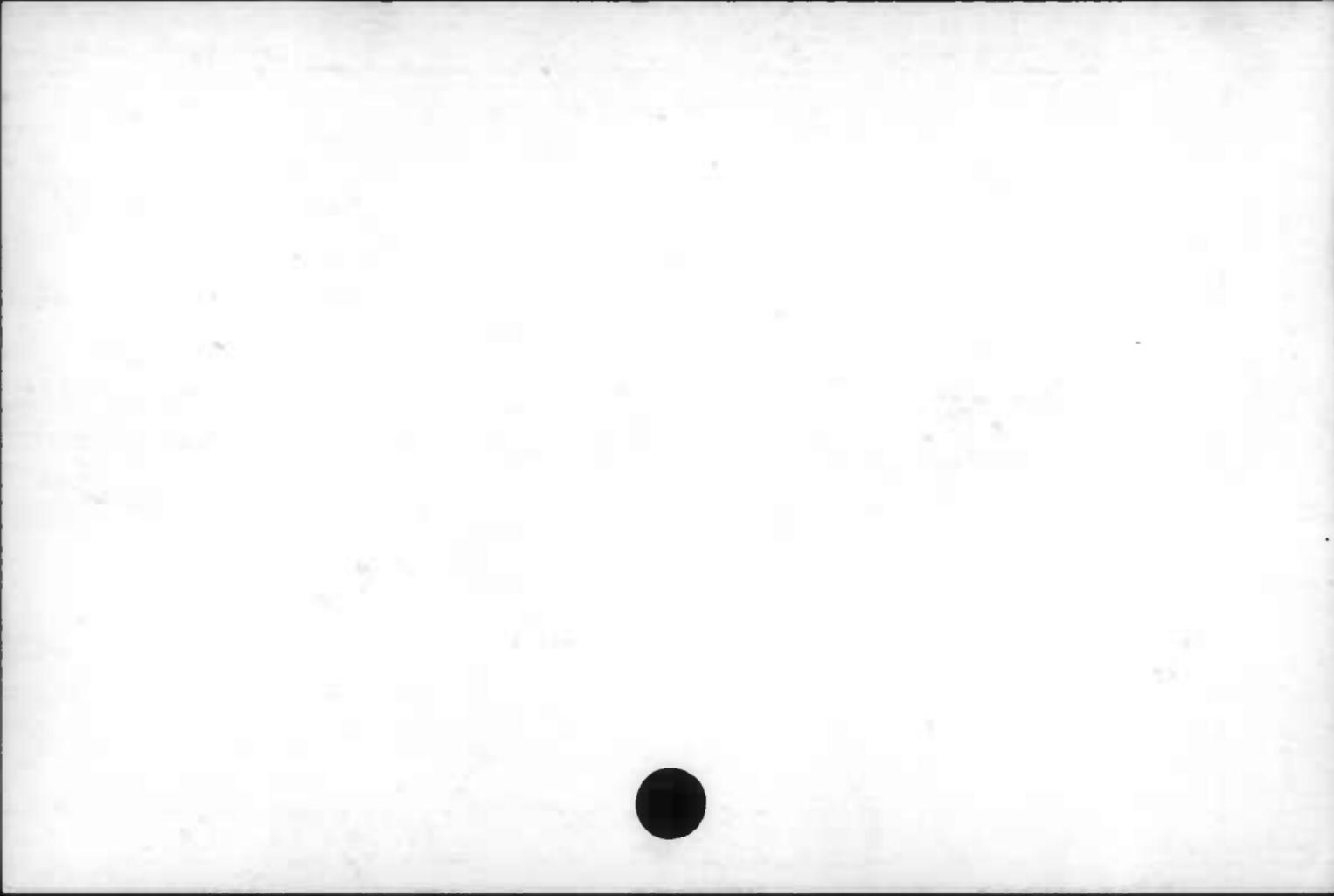
Signature of Physician

Address

Dr. J. G. B. Alder

Mission
Md.

Accident or Suicide



Name
in
Full

Virginia Lee Fisher

CERTIFICATE OF DEATH

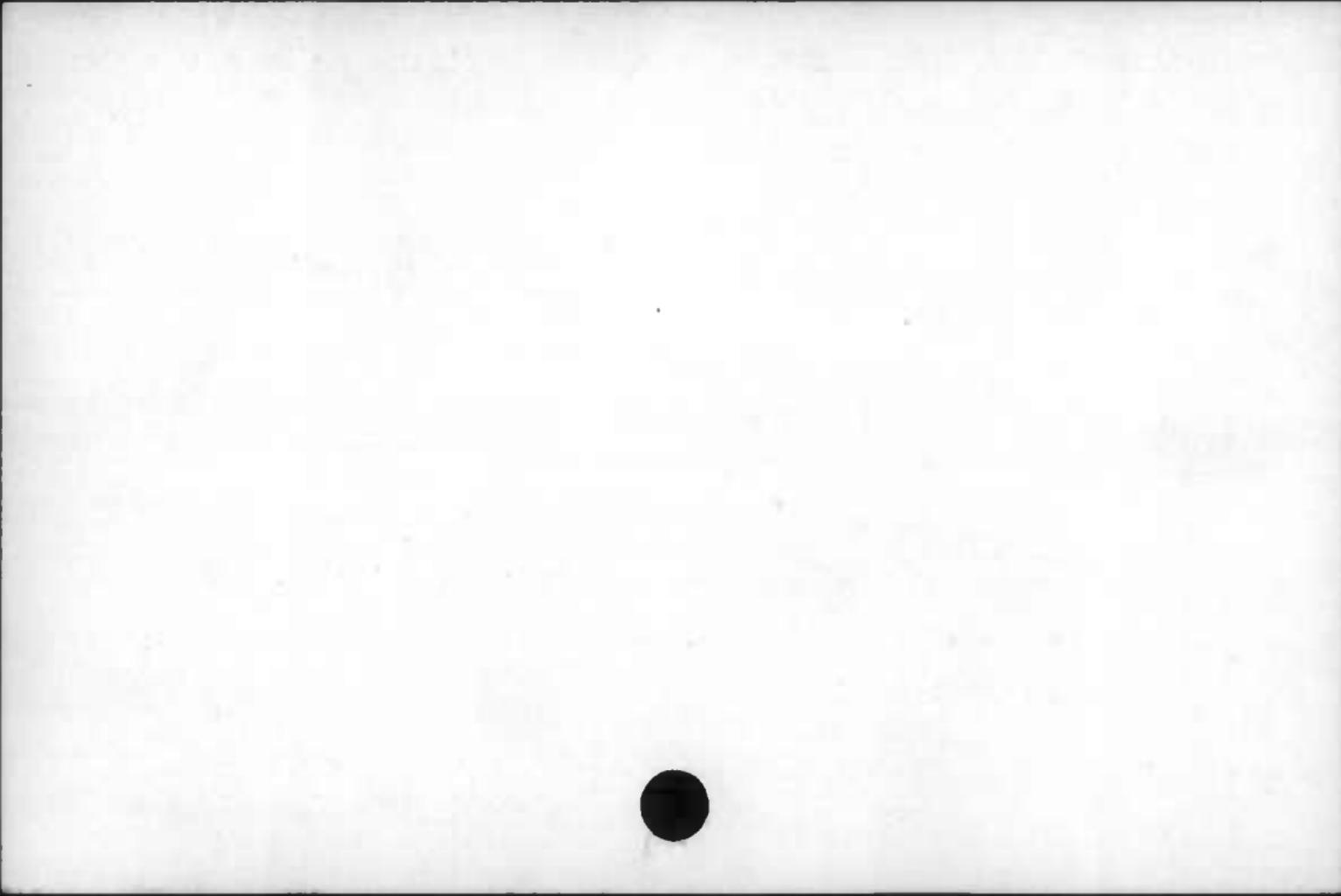
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or	Name of Wife or Husband				
Father's Name	Samuel Fisher			Father's Birthplace	Baltimore Va
Mother's Maiden Name	Lydia Merrill			Mother's Birthplace	Somerset Co Md
Name of person giving information	William Merrill			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	61	How long	2 days
Immediate	berebral Meningitis		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Grace T Foster	
		Address	Baltimore Md	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Edwin Ford

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1909	Month	Day	Years		Months	Days	
Sex	Male	Color or Race	Age	21	Birth- place	Baltimore Co.	
Married, Single or Widowed	Single	Occupation	Merchant				
Name of Wife or Husband							
Father's Name	Edwin Ford						
Mother's Maiden Name	Augie Ford						
Name of person giving Information	Edwin Ford						

CAUSES OF DEATH

143

Primary Cause

X

Immediate Cause

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Accident or Suicide?

Address

D. J. Winkworth
Somerset
Somerset Co., Md



Name
in
Full

Russel G. Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

T

Dublin District Somerset

County

MARYLAND

Date

of death

1909 July

Month

Day

Years

Months

Days

Age 16

Color or

Race

white

Birth-
place

Md.

Sex

male

Occupation

Farmer

Where Residing if not
at place of death



Married, Single
or Widowed

Single

Name of Wife or
Husband



Father's
Name

Zadock T. Gibbons

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Mary Ball

Mother's
Birthplace

Accomack Co.

Name of person giving
Information

How related
to deceased



1

How long

21 days

How long

5 days

Primary

CAUSES OF DEATH

Typhoid fever

Intestinal Hemorrhage

Immediate

Signature of
Physician

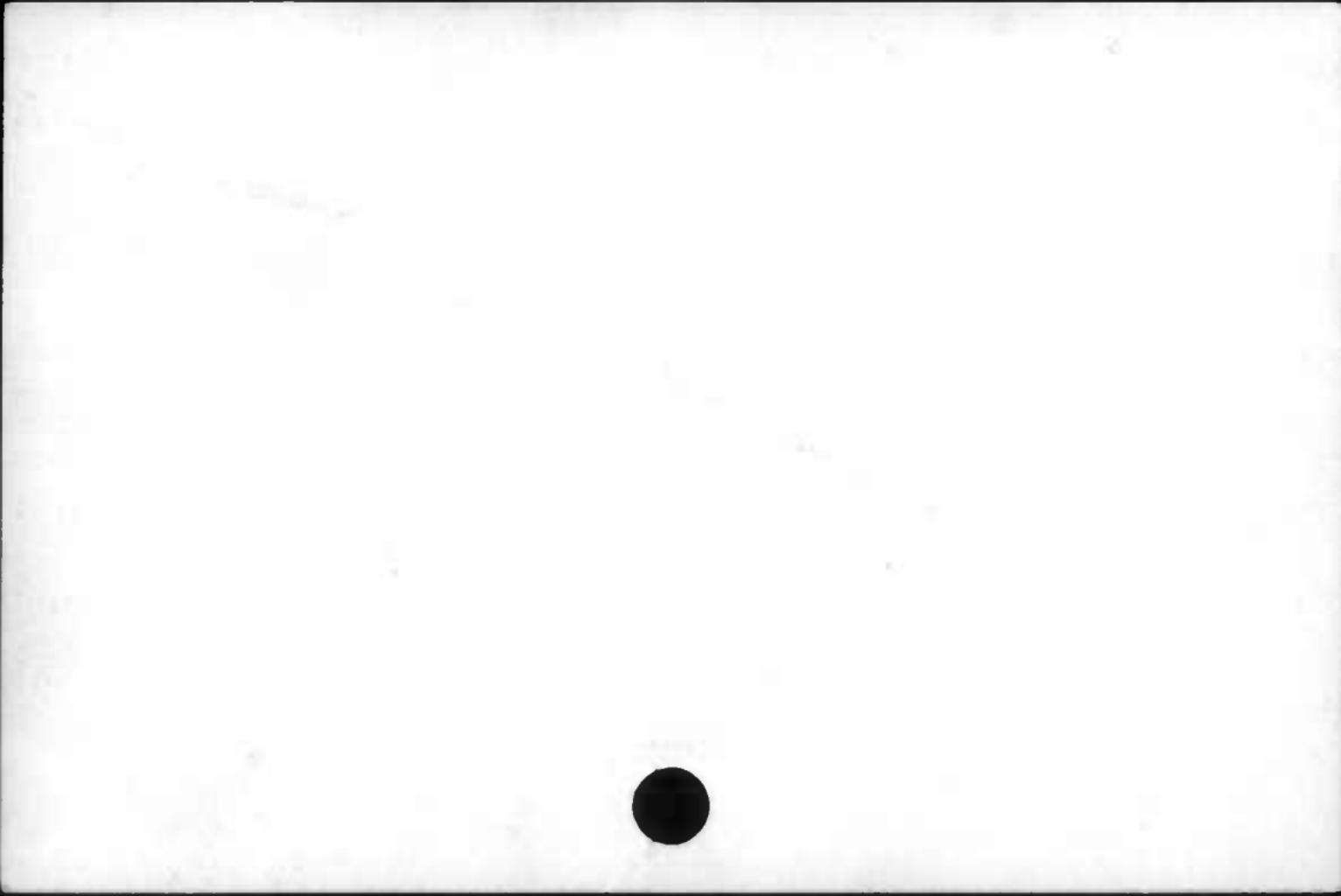
J. G. Wilson

Address

Are the name, age, sex, color,
and place correctly given above?

PHYSICIAN
OR CORONER

✓
Accident or Suicide



Name
in
Full

Ephriam Hayman

CERTIFICATE OF DEATH

- TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Month
Sex	Color or Race	Age	Days
Occupation	Where Reiding if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Namey Hayman	
Father's Name	George Hayman		
Mother's Maiden Name	Eddy (Unknown)		
Name of person giving Information	Ephriam Spence		

Birth-
place

Somerset Co.

Father's
Birthplace

Somerset Co.

Mother's
Birthplace

Somerset Co.

How related
to deceased

None

Primary

Typhoid Fever

Immediate

Gastroenteritis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address



How long

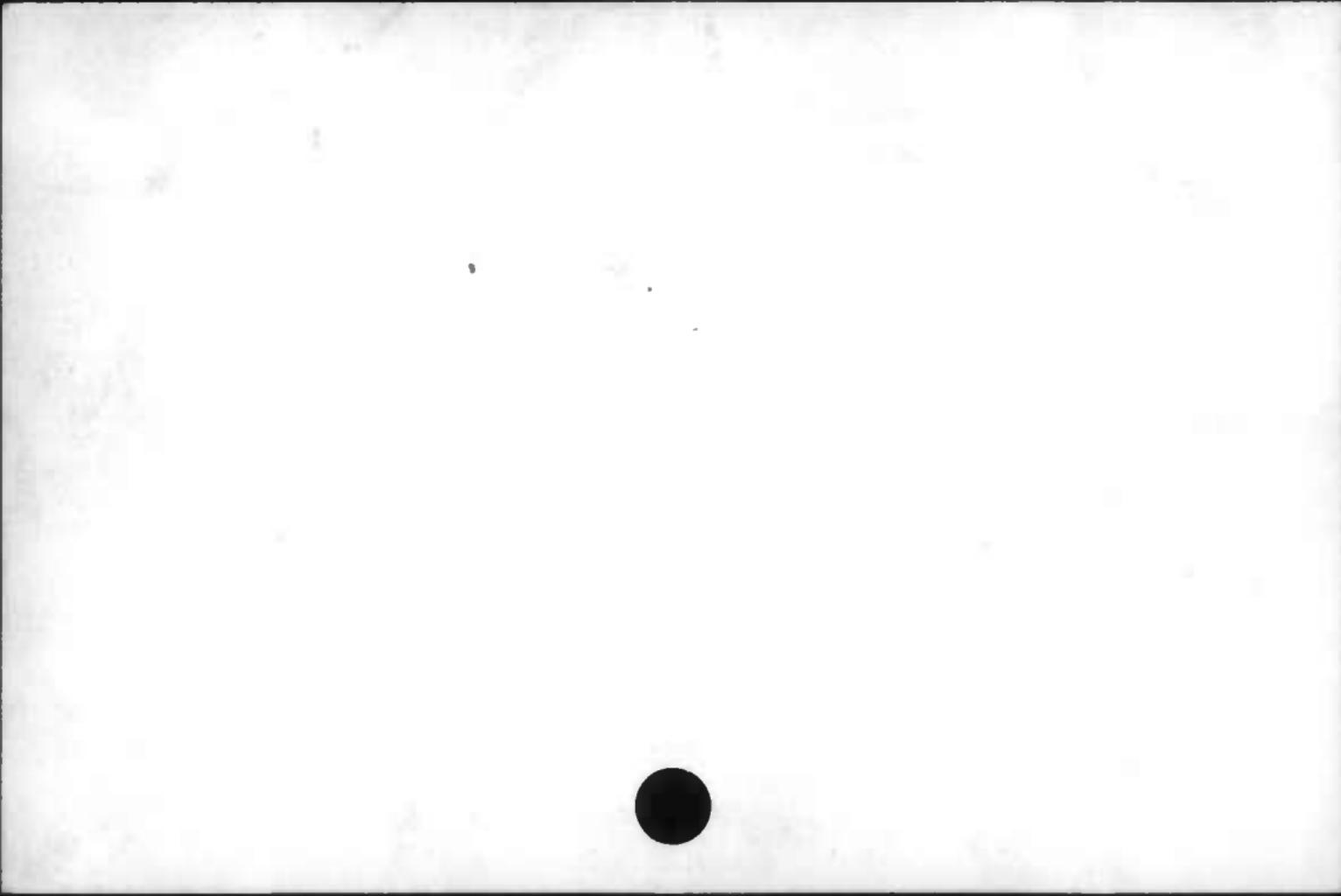
21 days

How long

18 hours

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

No Name Headley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dr.
Died at
Cresfield

MARYLAND

Date of death 1909 July 10 Age — Months — Days —
Month Day Years Months Days

Sex Female Color or Race White Birth-place —
Occupation None Where Residing if not at place of death —

Married, Single Name of Wife or Husband —
or Widowed

Father's Name Ferdinand C Headley Father's Birthplace Va
Mother's Maiden Name Annie Swift Mother's Birthplace Md
Name of person giving Information Father —

Head
Walter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cleft Palate
Inanition

150

How long

Immediate

X

Are the name, age, sex, color, date and place correctly given above?

yes

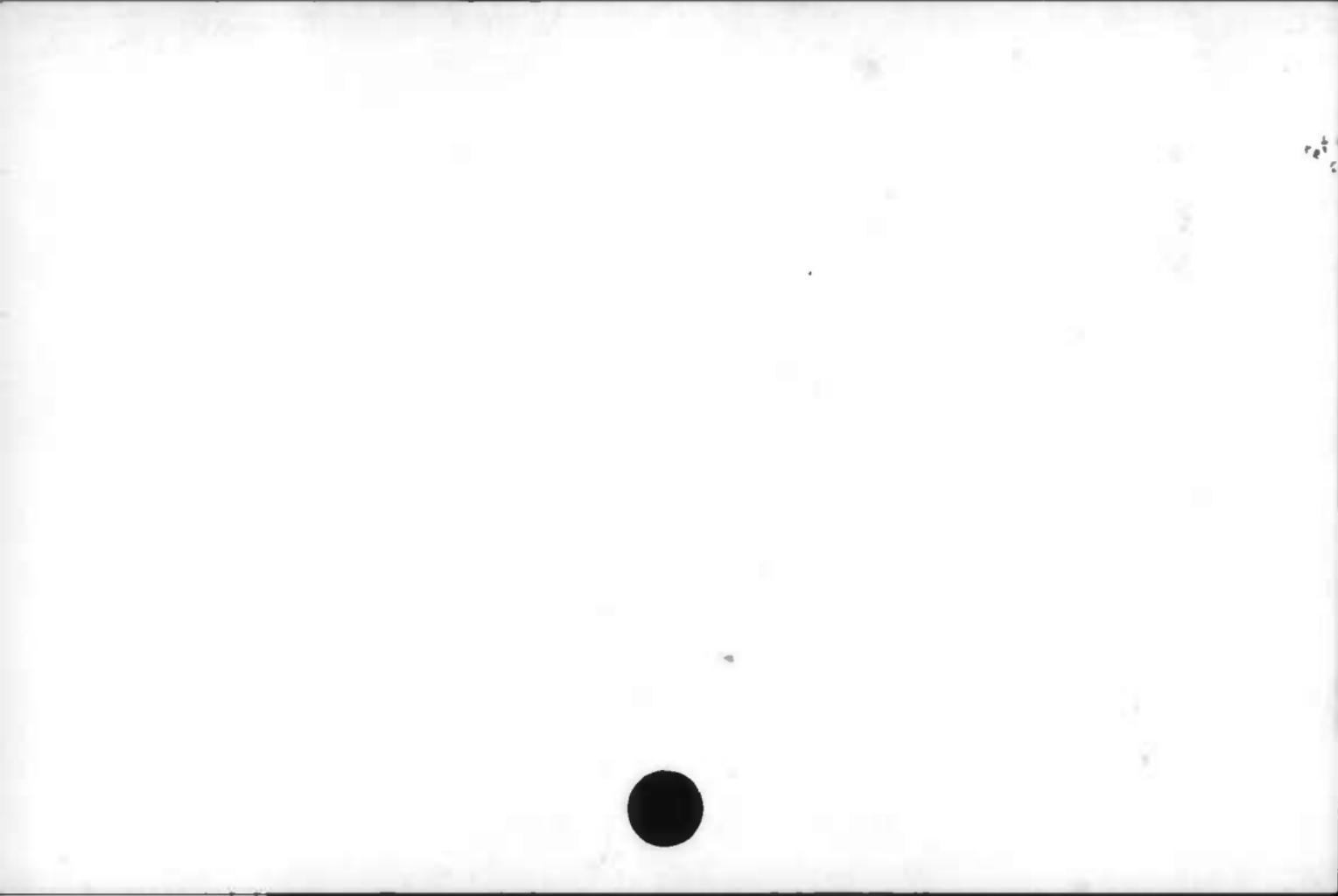
Signature of
Physician

Address

W F Headley
Cresfield Md

Accident or Suicide

no



Name
in
Full

Mary W. Hallard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Age
Sex	Color or Race	Birth- place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	W. W. Craven	Mother's Name	Mother's Birthplace
Name of person giving Information	T. J. Hallard	How related to deceased	Son

CAUSES OF DEATH

178

Primary

Heart failure

How long

Immediate

Immediate

yes

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

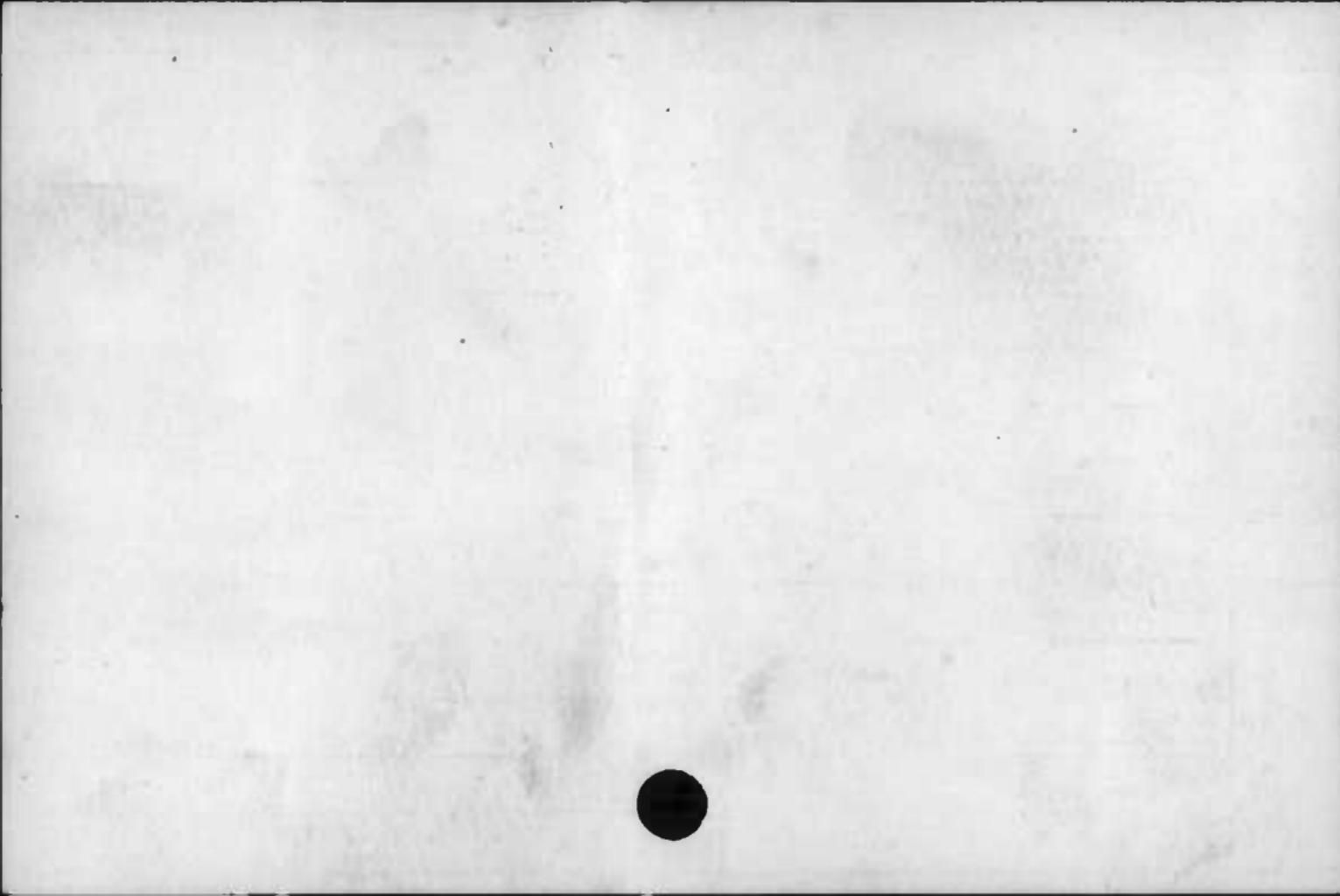
yes

Signature of
Physician

Address

Dr. S. M. Hallard
101 Main Street

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

Mahan Hopkins

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
1909	July	19	8
Sex	Color or Race	Age	
Female	white	—	
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Henry Hopkins	Father's Birthplace	MD
Mother's Maiden Name	Audanda Smith	Mother's Birthplace	MD
Name of person giving Information	Henry Hopkins	How related to deceased	Father

CAUSES OF DEATH

Primary

Margenous

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

179

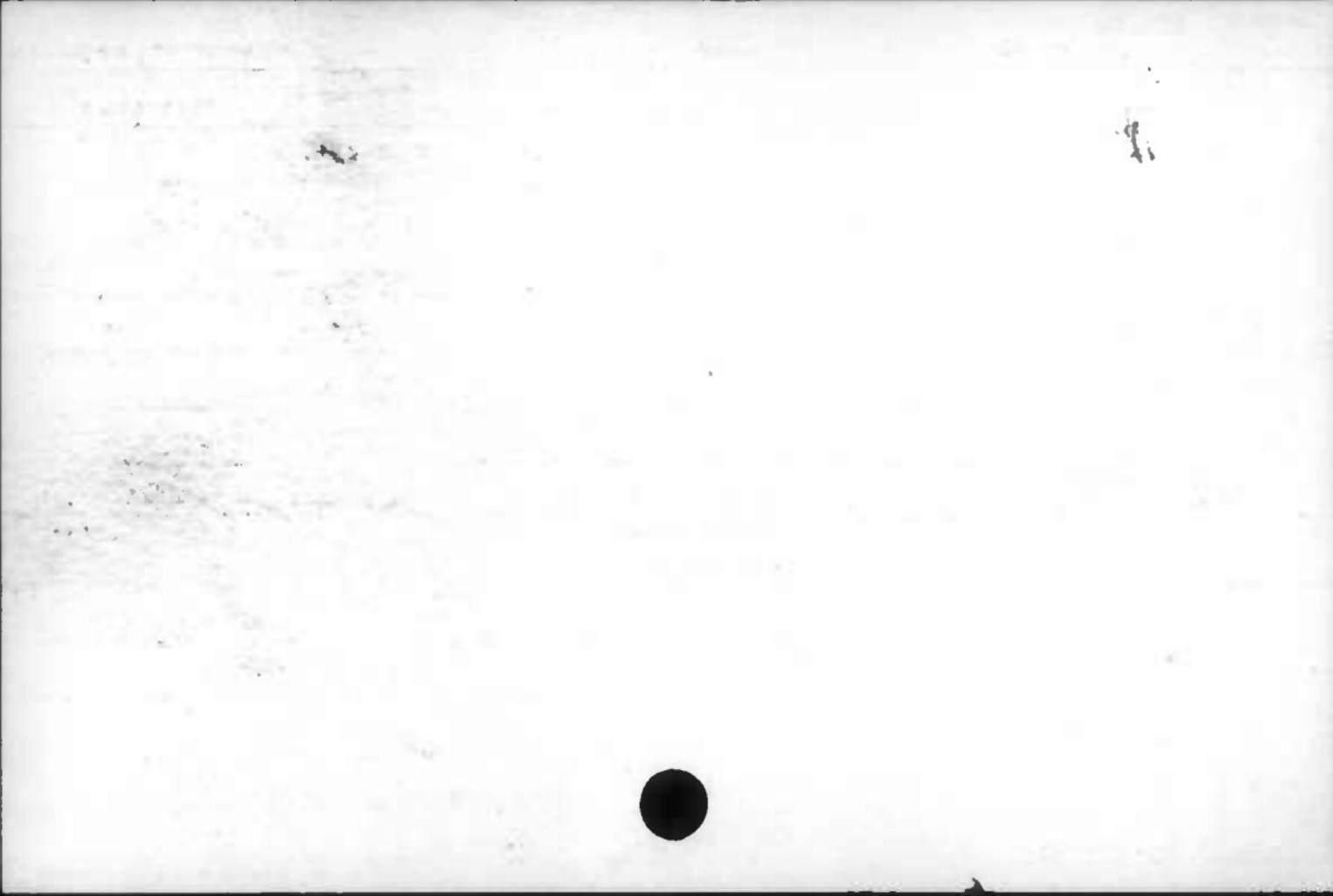
How long

How long

6 weeks

3 days

Per stay
Droole



Name
in
Full

Minnie Everett Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month July	Day 2	Age 21	Month	Days
Sex Male	Color or Race White	Birth-place Somerset Co			
Occupation Waitress	Where Residing if not et place of death				
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Birthplace Somerset Co			
Father's Name Libbie Turner	Mother's Birthplace Somerset Co				
Mother's Maiden Name Frankies Webster	How related to deceased Brother in law				
Name of person giving Information Minnie Woodworth					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever
Convalescent

1

How long

Immediate

19 days

Are the name, age, sex, color, date
and place correctly given above?

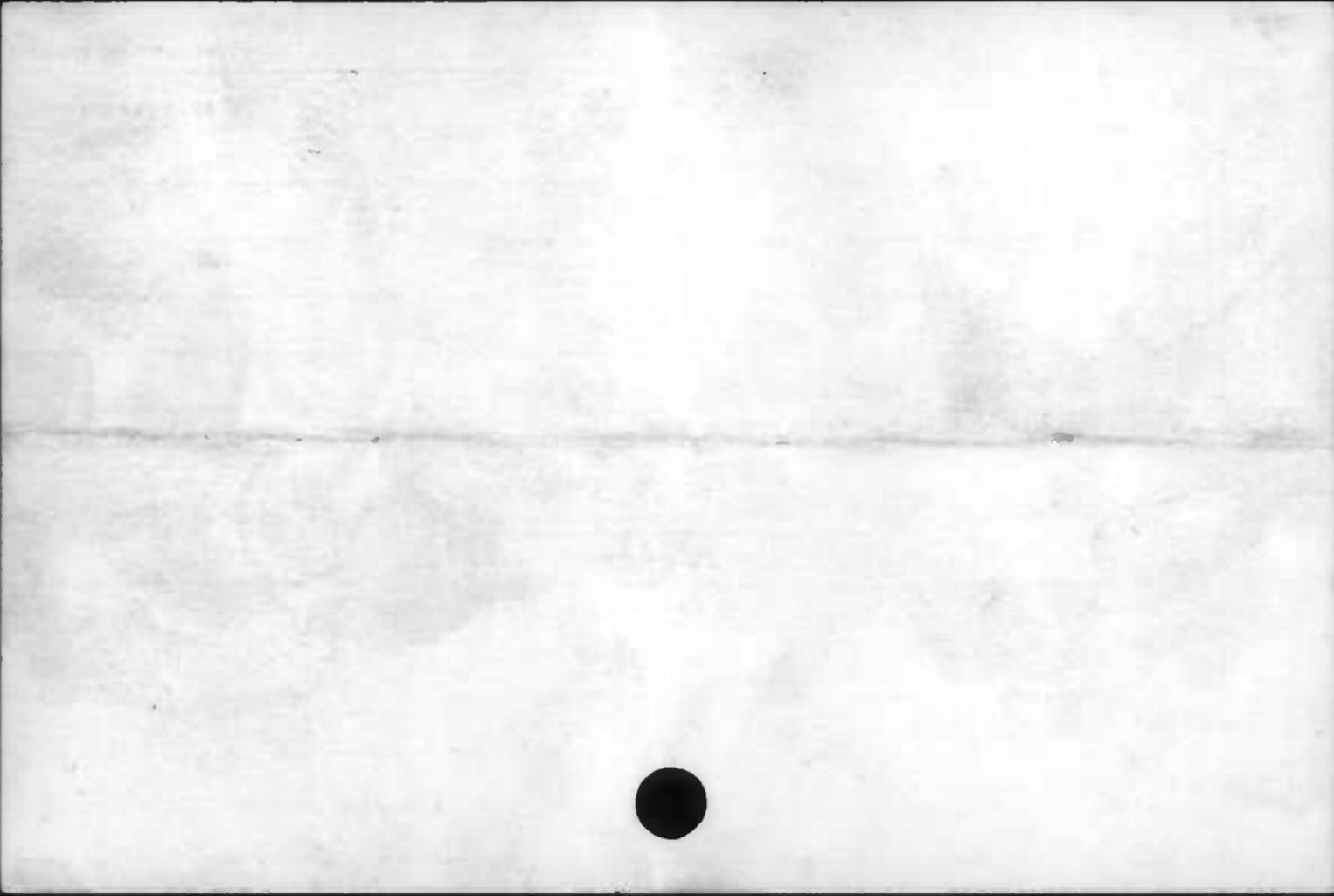
Yes

Signature of
Physician

Address

H. F. Barnes M.D.
Prince George's County Md.
P. T. D. No. 2.

Accident or Suicide



Name
in
Full

Pollster Jones
Crisfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Crisfield County Somerset MARYLAND
Month Day Years Months Days
Date of death 1909 7 6 Age 13 months 13
Sex Female Color or Race Black Birth-place Crisfield
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband Maggie Edward C. Jones
Father's Name Edward C. Jones Father's Birthplace —
Mother's Maiden Name Maggie Collins Mother's Birthplace Somerset Co.
Name of person giving Information Edward Jones How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

colitis

Immediate

Inflammation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. C. Ward

Address

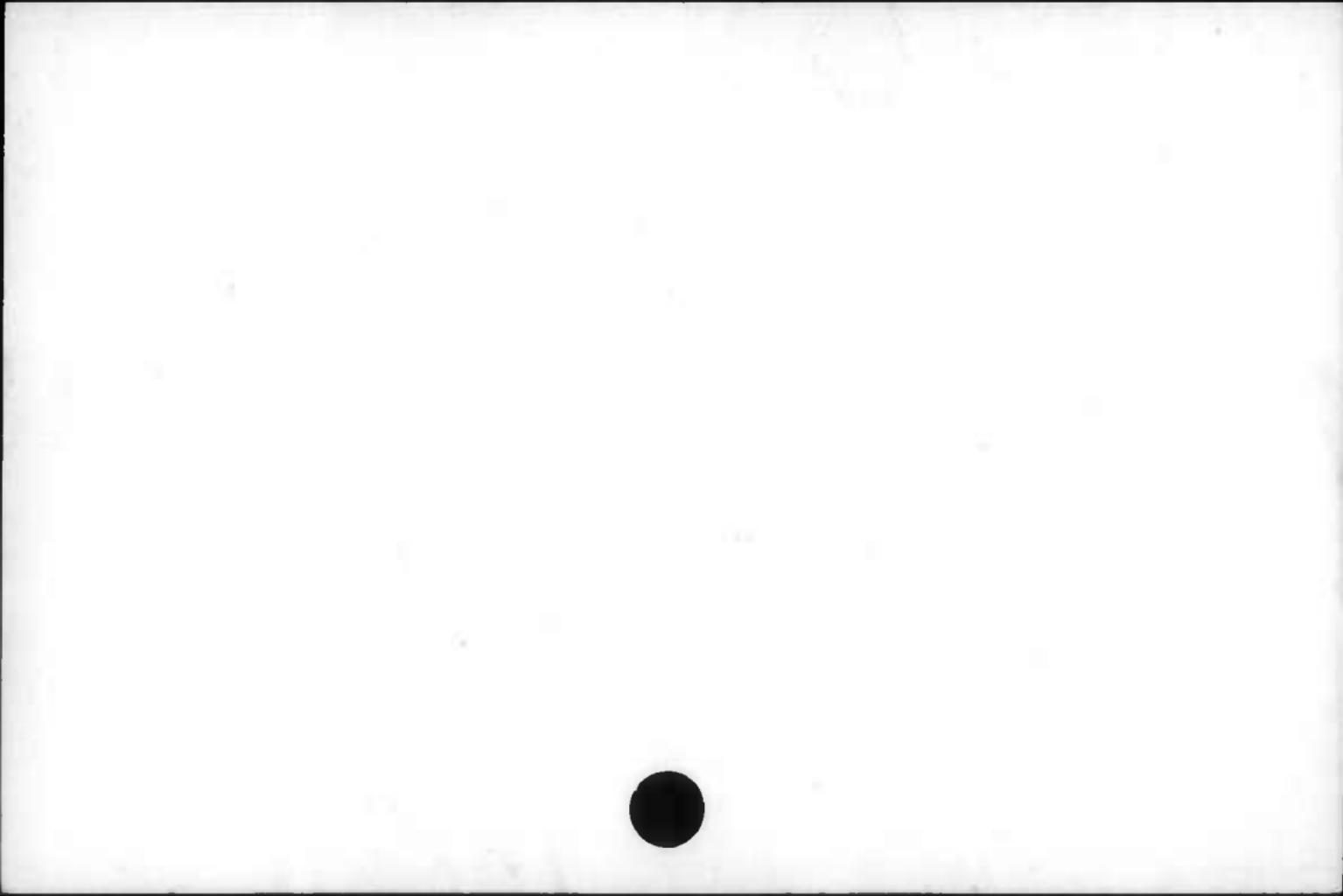
Crisfield

105

How long

2 weeks

Accident or Suicide —



Name
in
Full

Vernon Justice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Crisfield

County

Somerset

MARYLAND

Date
of death

Month

1909 July 12

Day

Years

Age

Months

4

Deys

Sex

male

Color or
Race

Black

Birth-
place

Crisfield

Occupation

Where Residing if not
at place of deeth

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

George Justice

Father's
Birthpiece

Va

Mother's
Maiden Name

C. Broughton

MD

Name of person giving
Information

George Justice

Father

Primary

Tuberculosis

CAUSES OF DEATH

Immediate

General Infection

27

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

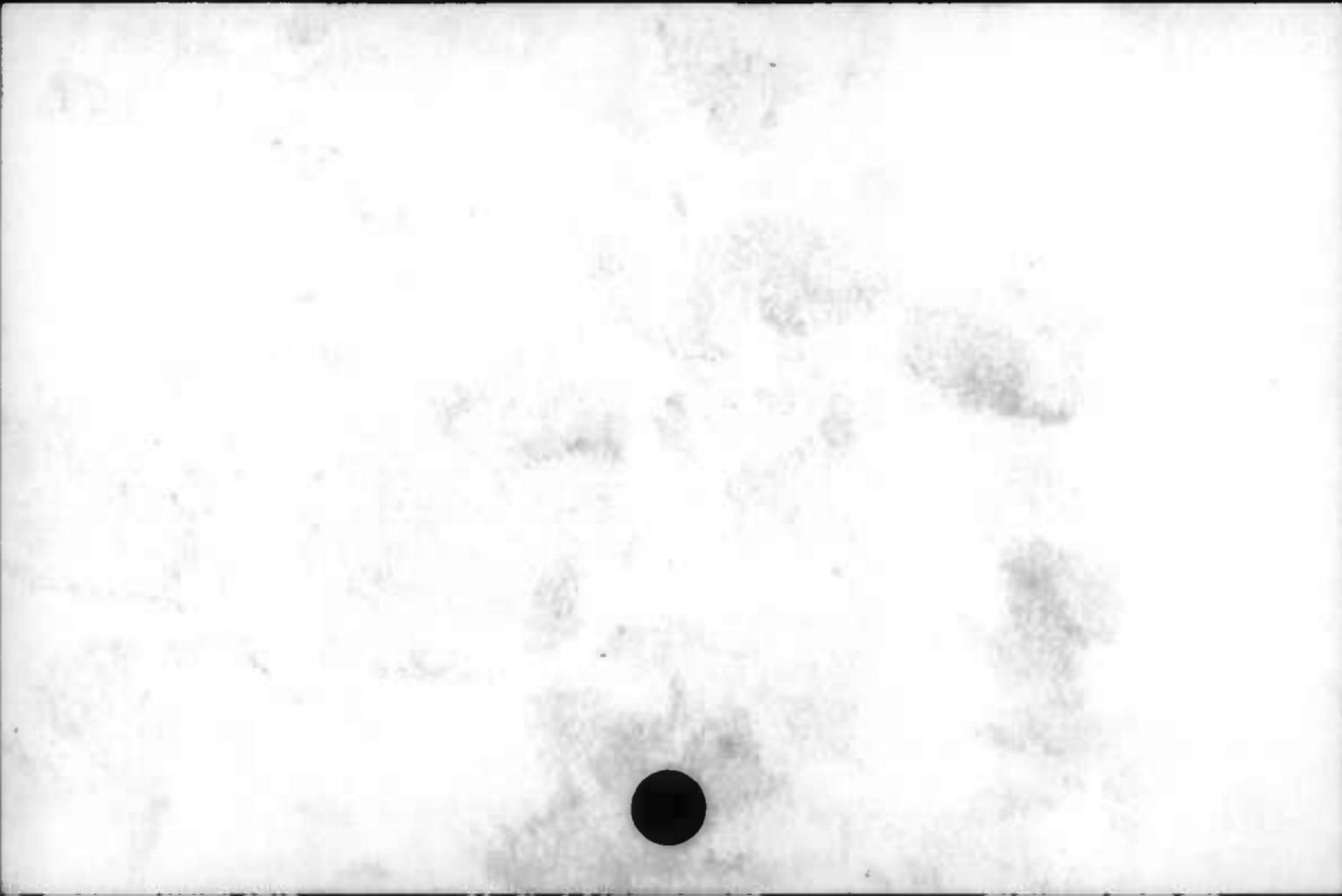
Signature of
Physician

Address

J. P. Ward

Crisfield

Accident or Suicide



Name
in
Full

Harry Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

dk

Died at		Town	County		MARYLAND	
Date of death	1909	Month July	Day 18	Age 21	Month	Days
Sex	Male	Color or Race	Balk	Birth-place	Som Co	
Occupation	Cysterman					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	Same			
Father's Name	Wm Lane					Father's Birthplace
Mother's Maiden Name	Aruie Jones					Mother's Birthplace
Name of person giving Information	Ella Jones					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intraluminal Obstruction

108

How long

6 hrs.

Immediate

Exhaustion

How long

1 hr

Are the name, age, sex, color, date
and place correctly given above?

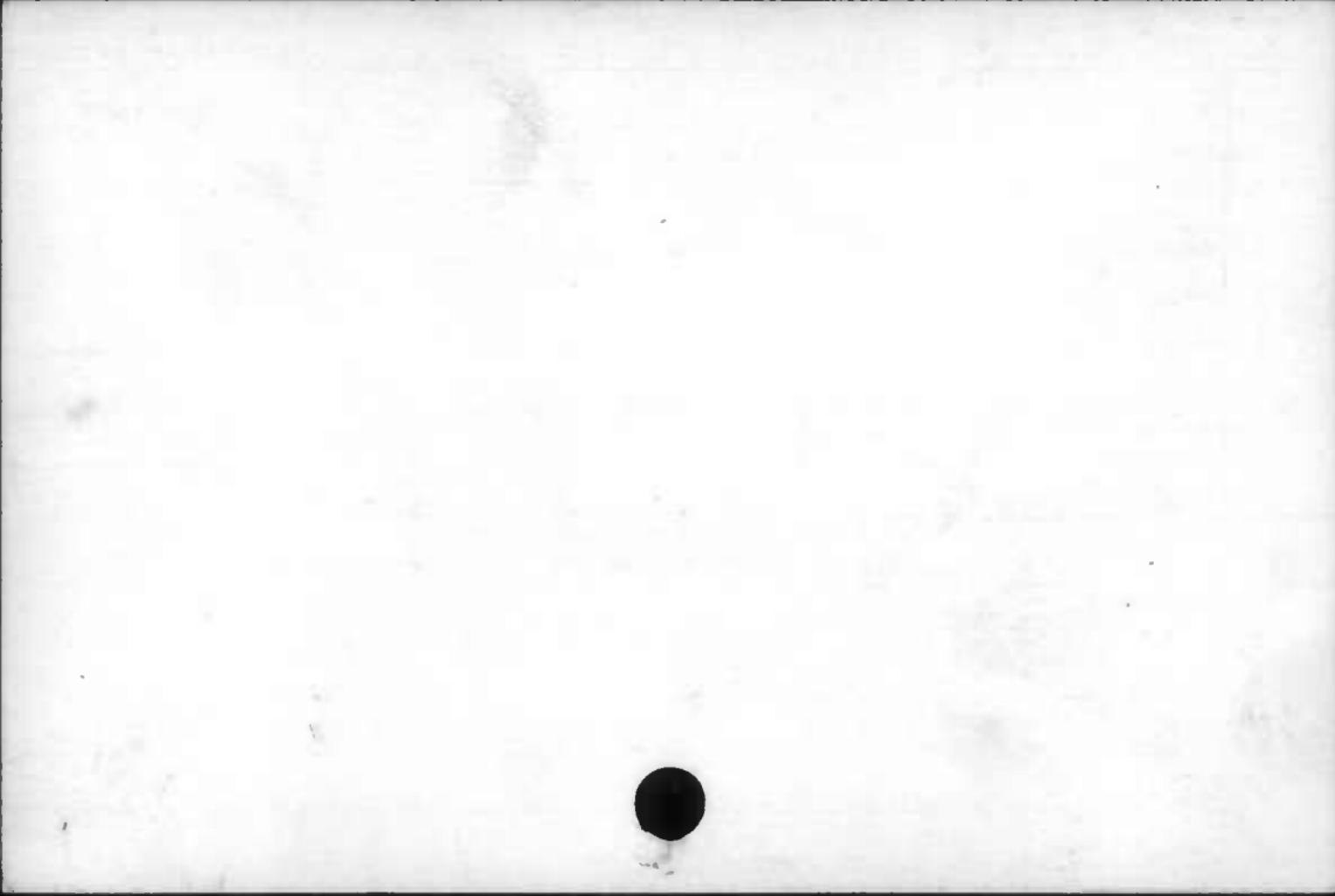
Yes

Signature of Physician

Address

18th Street MD,
Wash DC

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Arthur W. Lankford

Town

Died at

Dublin Dist.

County

Years

MARYLAND

Months

Days

Date
of death

1909 July 12

Age

72

Sex

Male

Color or
Race

White

Birth-
place

New Salisbury

Occupation

Farmer

Where Residing if not
at place of death

Dublin Dist.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Elizabeth Morris

Father's
Name

Arthur Lankford

Father's
Birthplace

Mother's
Maiden Name

Anna Binkhead

Mother's
Birthplace

Name of person giving
Information

W.B. Lankford

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral arteriosclerosis

64

X

Immediate

Exhaustion

2 years

Are the name, age, sex, color, date
and place correctly given above?

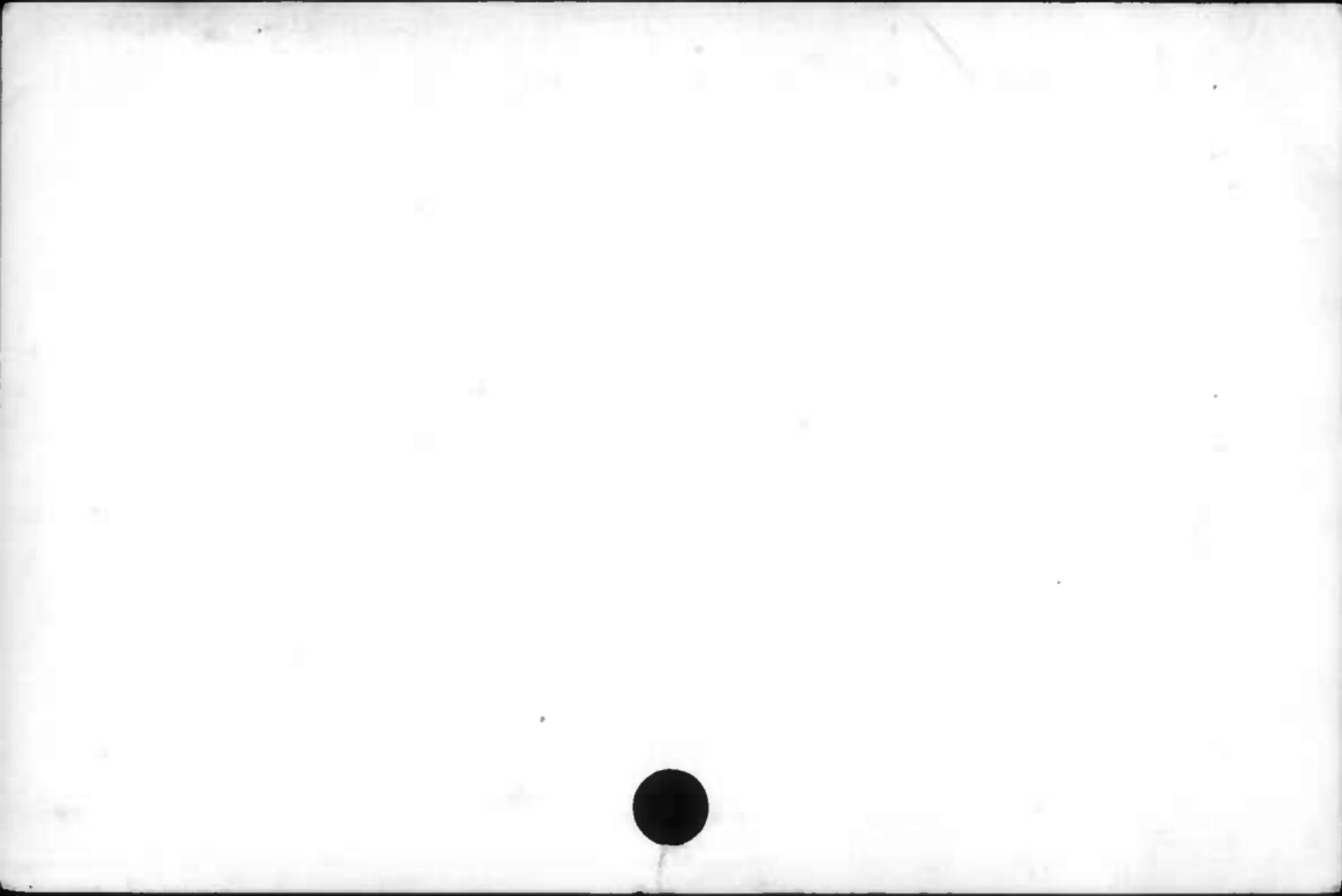
Yes

Signature of
Physician

Address

Paul S. Burnside
Paramore Rd

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W

John Lankford					CERTIFICATE OF DEATH		
Died at	Crisfield	own	County	Somerset	MARYLAND		
Date of death	1909	Month	July	Day	24	Years	14
Sex	Male	Color or Race	White	Age	14	Months	3
Occupation	Crabber	Where Residing if not at place of death			Crisfield, Md		
Married, Single or Widowed	Singer	Name of Wife or Husband	None	Crisfield, Md			
Father's Name	John N. Lankford	Father's Birthplace	Md				
Mother's Maiden Name	Emma Bedeworth	Mother's Birthplace	Md				
Name of person giving information	John Lankford	How related to deceased	Father				

CAUSES OF DEATH

Primary

Typhoid

1

about 3 wks

Immediate

Typhoid

How long

Are the name, age, sex, color, date and place correctly given above?

yes

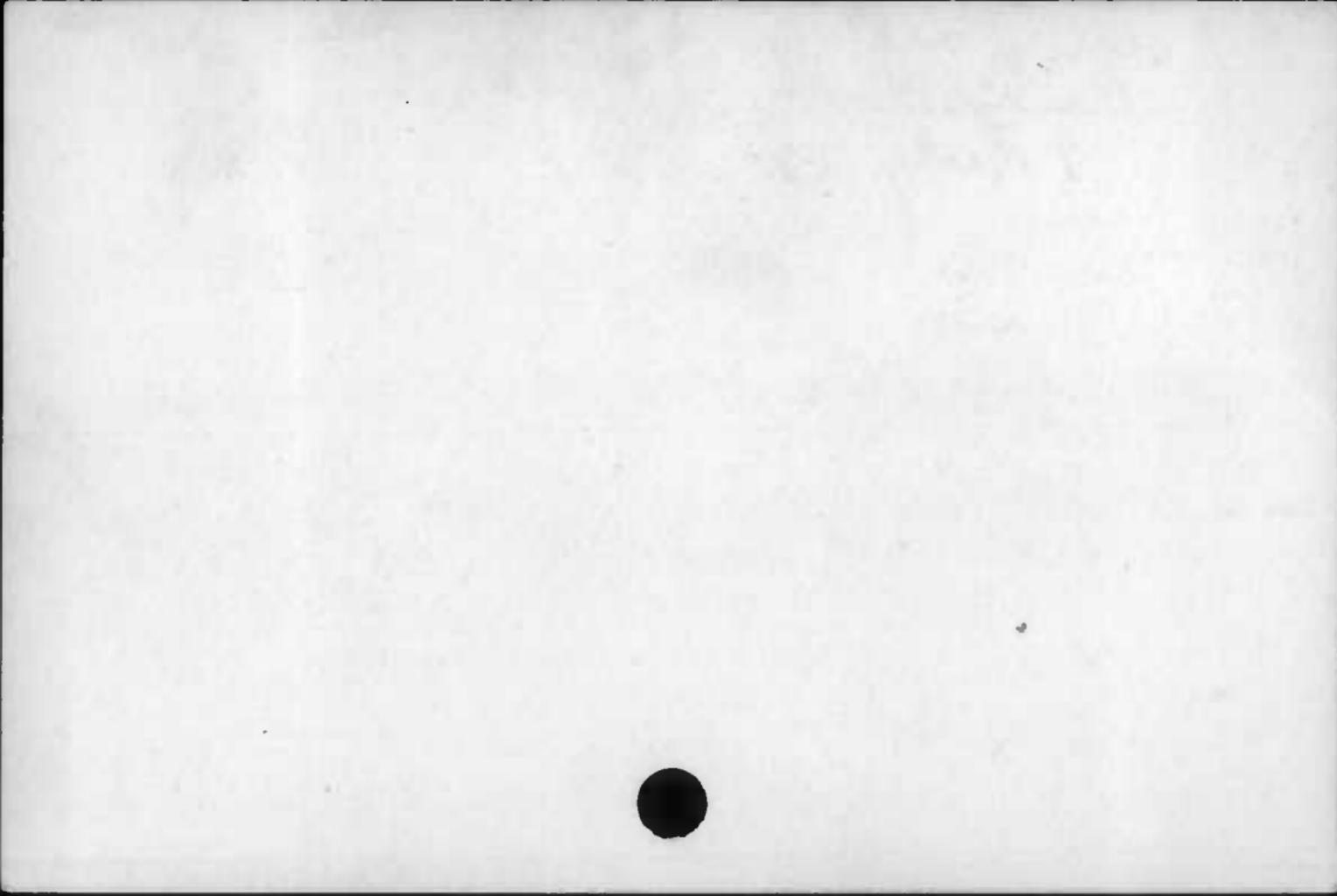
Signature of Physician

M. A. Coulbourne,
Crisfield, Md.

Address

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruby Lawson

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Died at	Lawsonia	Somerset	
Date of death	Month	Years	Months
1909	7	20	
Age		24	Days
Sex	Color or Race		
Female	White		
Occupation	Where Residing if not at place of death		
Dairswife			
Married, Single or Widowed	Name of Husband	Father's Name	Father's Birthplace
Married	Leslie Lawson	Wm E. Byrd	Md
Father's Name			
Mother's Maiden Name	Don't Know	Mother's Birthplace	Md
Name of person giving Information	G. T. Simmerson	How related to deceased	None

CAUSES OF DEATH

Primary
Tuberculosis of Throgs

27

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

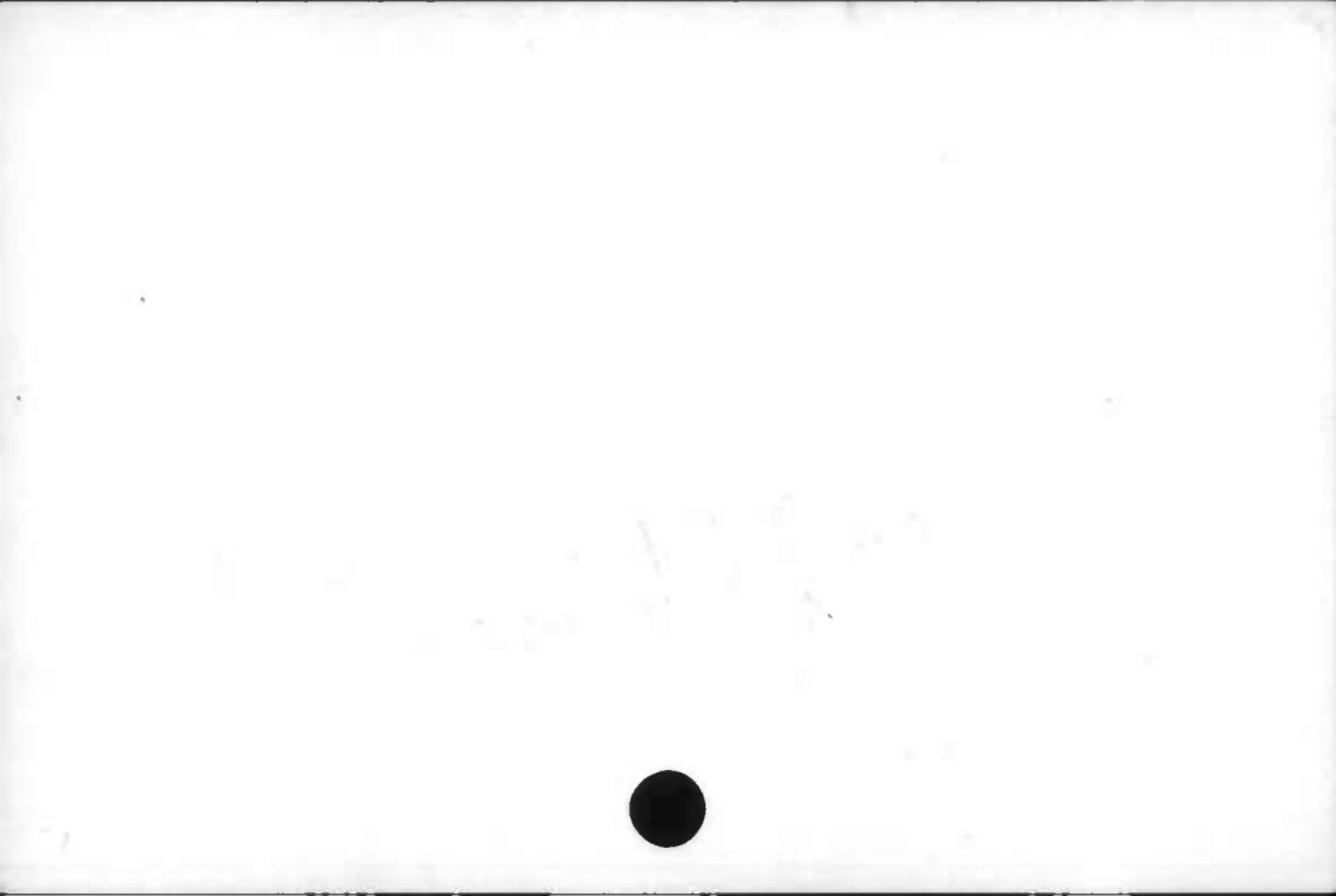
Yes

Signature of
Physician

Address

G. T. Simmerson
Bensfield
Md

Accident or Suicide



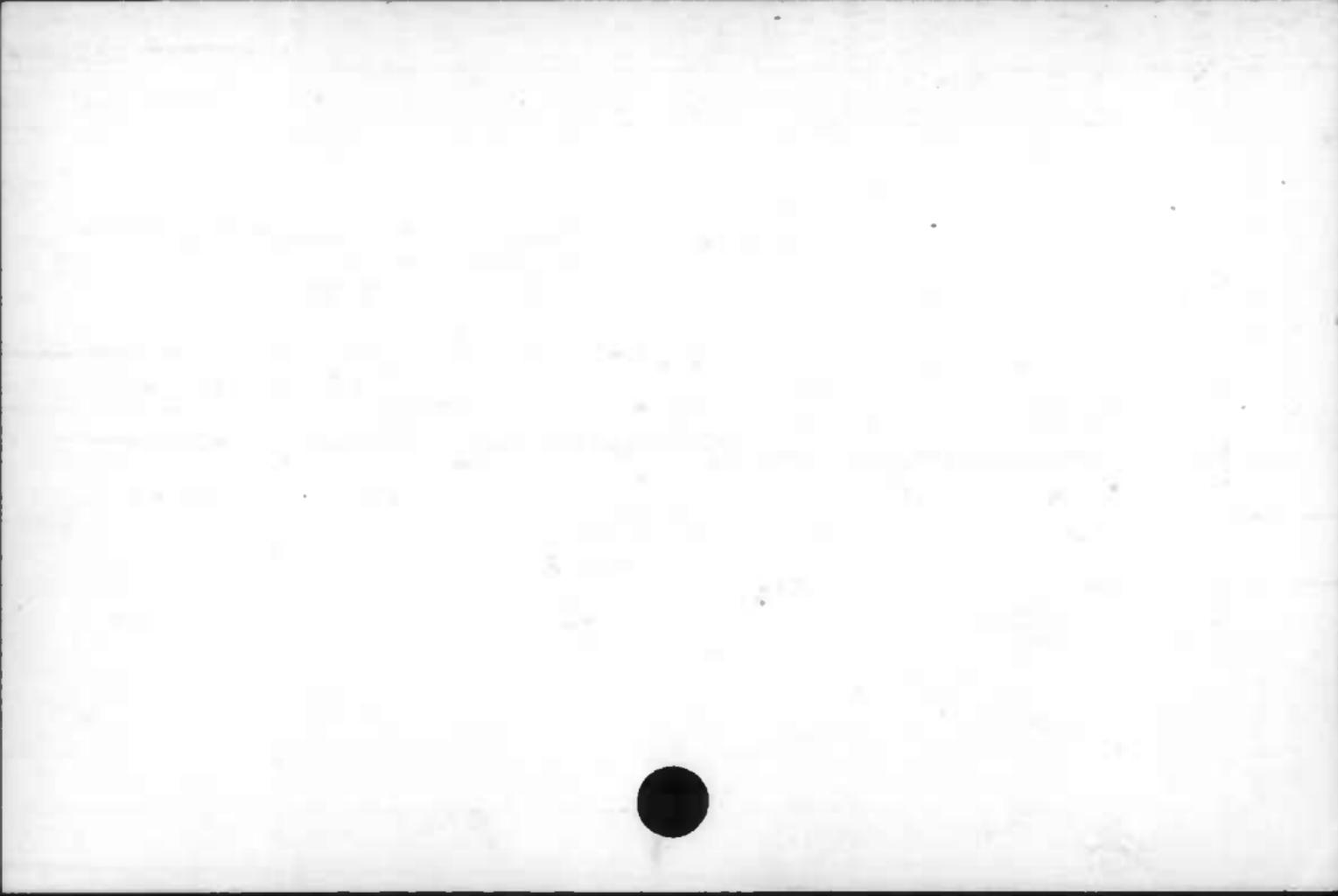
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Logan	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Black	Birth-place	Marion	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James	Logan	Father's Birthplace	Accomack Va		
Mother's Maiden Name	Nanni	& Thornton	Mother's Birthplace	"		
Name of person giving Information	Name of Relative to deceased					
CAUSES OF DEATH						
Primary	Stroke					How long
Immediate	Choking					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	None June Logan		
			Address	E A Lankford Sub Reg		
Accident or Suicide						

PHYSICIAN
OR CORONER



Name
in
Full

Otho Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

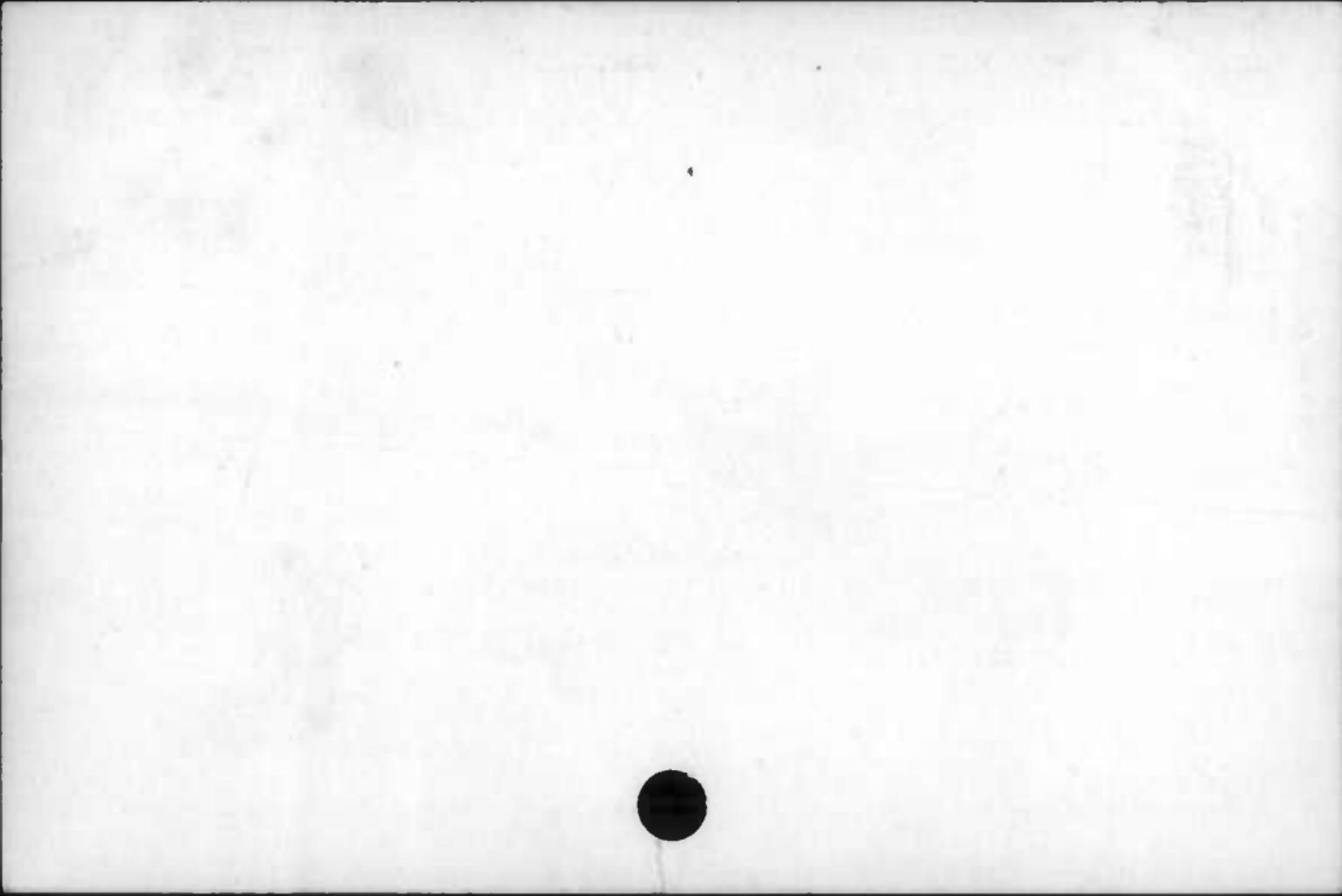
Died at <u>Near Pocomoke</u>		County <u>Somerset</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>23</u>	Age <u>72</u> Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Somerset Co Md.</u>		
Occupation <u>farmer</u>	Where Residing if not at place of death <u>at place of death</u>			
<u>Married, Single or Widower</u>	Name of Wife or Husband			
Father's Name <u>Thomas Marshall</u>	Father's Birthplace <u>Worcester Co, Ma</u>			
Mother's Maiden Name <u>Anna Tilghman</u>	Mother's Birthplace <u>Somerset Co</u>			
Name of person giving information <u>Charles Powell</u>	How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever com Brain disease</u>		How long <u>3 weeks</u>
Immediate	<u>Paryliais</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Isaac T Coston</i>	Address <i>Pocomoke City Md</i>
Accident or Suicide?			



Name
in
Full

Ethel May Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Day
Sex	Female	Color or Race	Age	
Occupation	✓	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	✓	
Father's Name	George W Payne	Father's Birthplace	✓	Md
Mother's Maiden Name	Annie May Wilson	Mother's Birthplace	Md	Md
Name of person giving Information	Joseph G. Scott	How related to deceased	Widower	X

CAUSES OF DEATH

Primary

Died suddenly - in D^r in attendance

178 X

How long

How long

Immediate

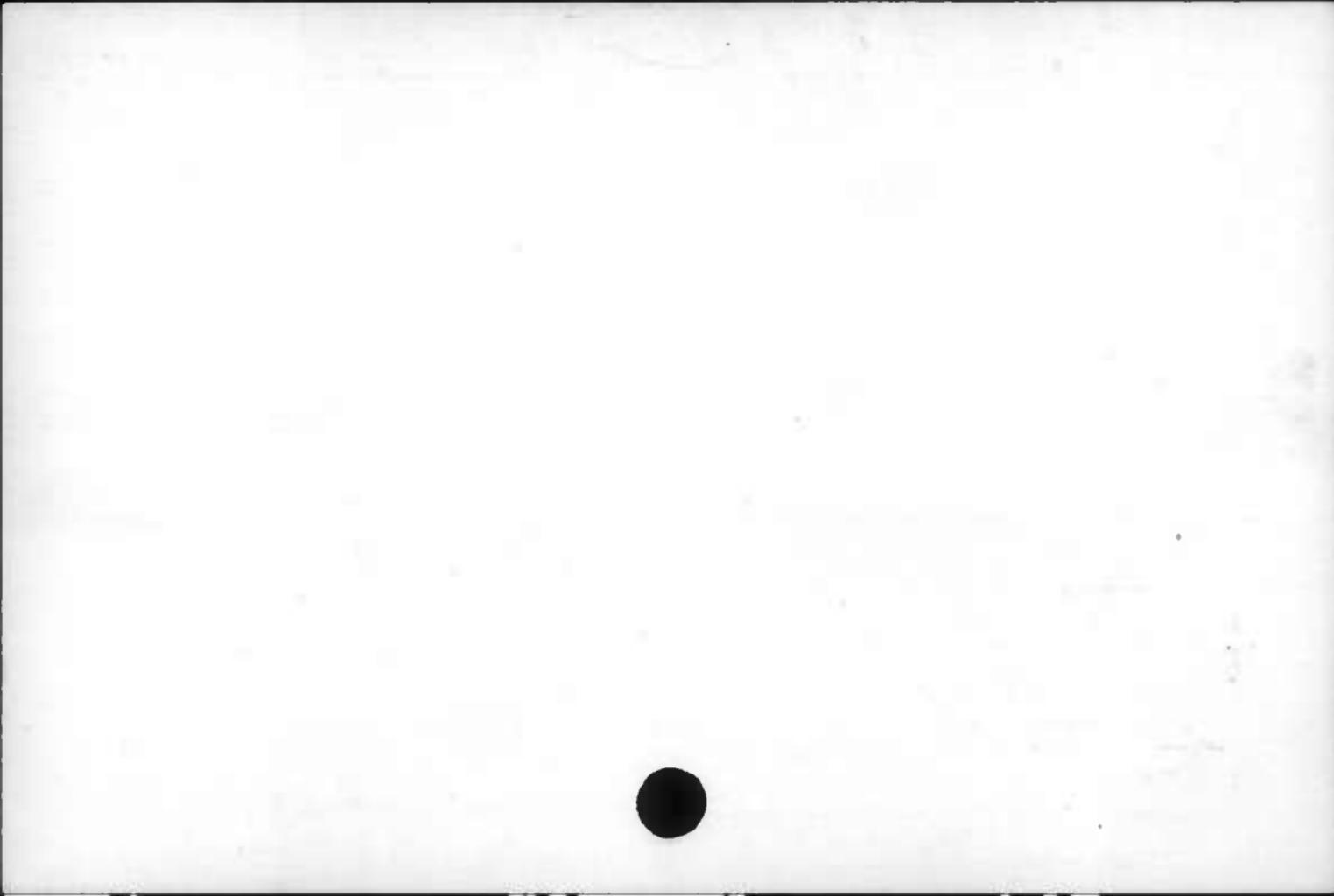
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Smith M.D.
Princess Anne Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Town	County	
Died at	Month Year	Days
Date of death 1909	July 11	Age 31
Sex Female	Color or Race Mixed	Birth-place
Occupation General worker	Where Residing if not at place of death	Father's Birthplace
Married, Single or Widowed Middle	Name of Wife or Husband Peter Brant	Mother's Birthplace
Father's Name Peter Brant	He was sick for 3 months	How related to deceased
Mother's Maiden Name Eliza Sneller	27	How long
Name of person giving Information	3 months	Address

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

My Infection

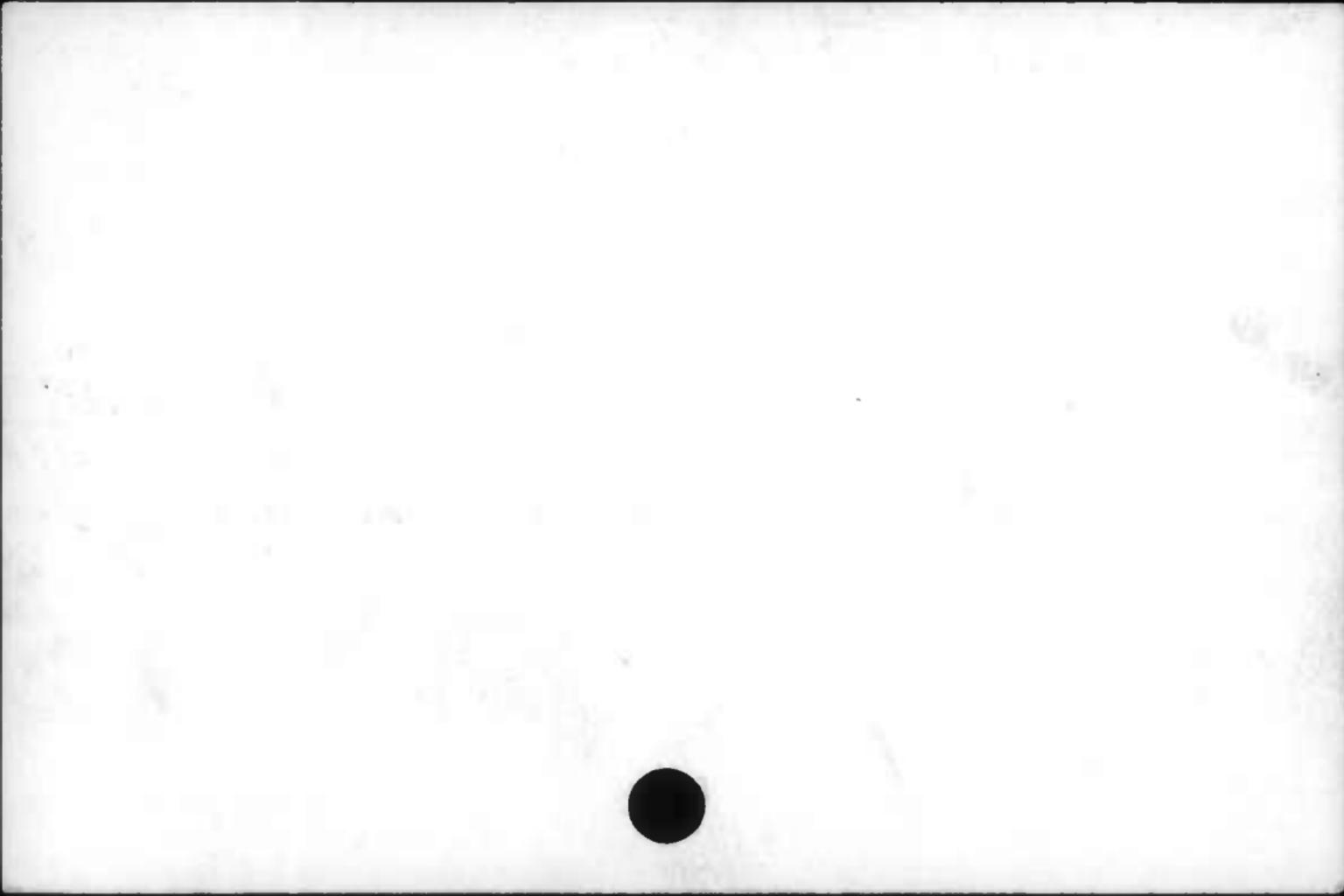
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Irene Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Fairmount
County Somerset
Died at Month Day Year Month Days
Date of death 1909 July 22 — 4 14
Sex Female Color or Race White Birthplace
Occupation House Where Residing if not at place of death
Married, Single Single Name of Wife or Husband
Father's Name Alonso Parks Father's Birthplace Fairmount
Mother's Maiden Name Nita Kimberly Mother's Birthplace Fairmount
Name of person giving Information S. E. Galtin How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Colitis

105

How long

Immediate

—

2 months

Are the name, age, sex, color, date and place correctly given above?

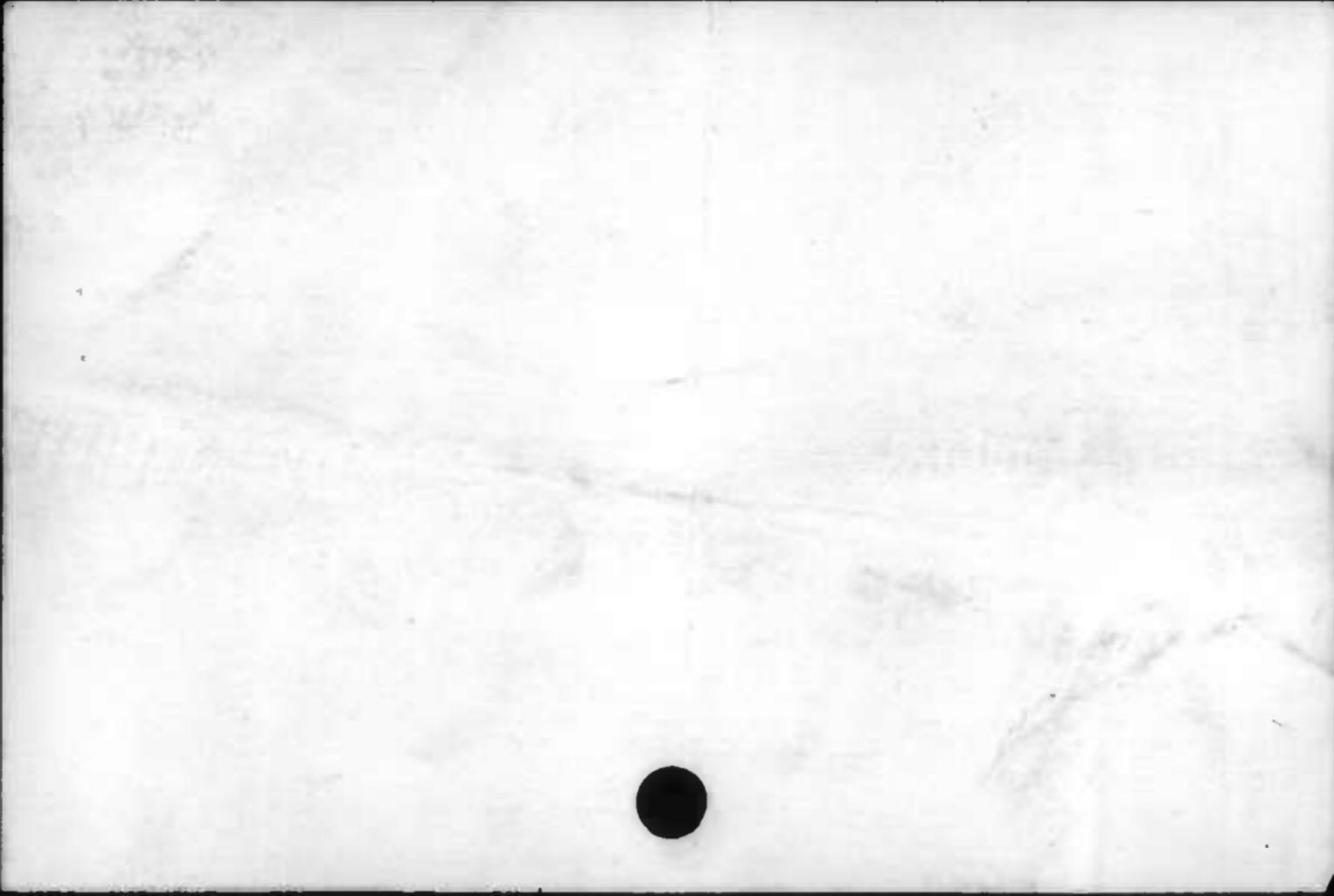
yes

Signature of Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide



Name
in
Full

Emely Reede

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Baltimore			Baltimore	
Date of death 190	Month	Day	Years	Months	Days
Sex Female	Color or Race	Black			and
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband			Nathan Reede	
Father's Name	George Jones			and	
Mother's Maiden Name	Mary Brown			and	
Name of person giving Information	Francis Howard				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aschemia

Immediate

Apoplexy.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

64

How long

5 Years

Y

2 Hours

Geo. B. Johnson

Sub Registrar

Deals Island Md.

Accident or Suicide



Name
in
Full

Elmer H. Revelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND
Died at Fairmount	Somerset	
Date of death 1909 Month July	Day 30	Years —
Age —	Montha —	Days 27
Sex Male	Color or Race White	Birth-place Fairmount
Occupation None	Where Residing if not at place of death —	
Married, Single or Widowed —	Name of Wife or Husband —	
Father's Name Geo M. Revell	Father's Birthplace Fairmount	
Mother's Maiden Name Hattie Full	Mother's Birthplace Somerset Co	
Name of person giving Information Barn Revell	How related to deceased Uncle	

CAUSES OF DEATH

151

Primary Gradually failed from Birth

Immediate —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G.E. Dickinson
Upper Fairmount

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Henry Sterling
Drisfield, Somerset, Maryland

Died at Town County
Date of death Month Day Years Month Days
1909 July 15 62 6 100
Sex Male Color or Race white Birth-place Lawsonia
Occupation Carpenter Where Residing if not at place of death
Married, Single married Name of Wife or Husband Mary Sterling
Father's Name Travas Sterling Father's Birthplace Lawsonia
Mother's Maiden Name Grace Lawson Mother's Birthplace Lawsonia MD
Name of person giving Information

CERTIFICATE OF DEATH

MARYLAND

CAUSES OF DEATH
Primary Chronic Nephritis
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician
Address
W. F. Hale
Drisfield MD
How long 7 years
How long

Accident or Suicide no



Name
in
Full

Edward Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND			
Died at New Haven	Connecticut				
Date of death 1909	Month July	Day 30	Year _____	Months 2	Days 9
Sex Male	Color or Race Black	Birth-place Harvard			
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name G. E. Stewart	Father's Birthplace Pocomoke City				
Mother's Maiden Name Gonna Young	Mother's Birthplace Kingston				
Name of person giving Information G. E. Stewart	How related to deceased Father				

CAUSES OF DEATH

Primary Severe Complaint
Immediate Bowel Distress

(105) X

How long

2 weeks
2 days

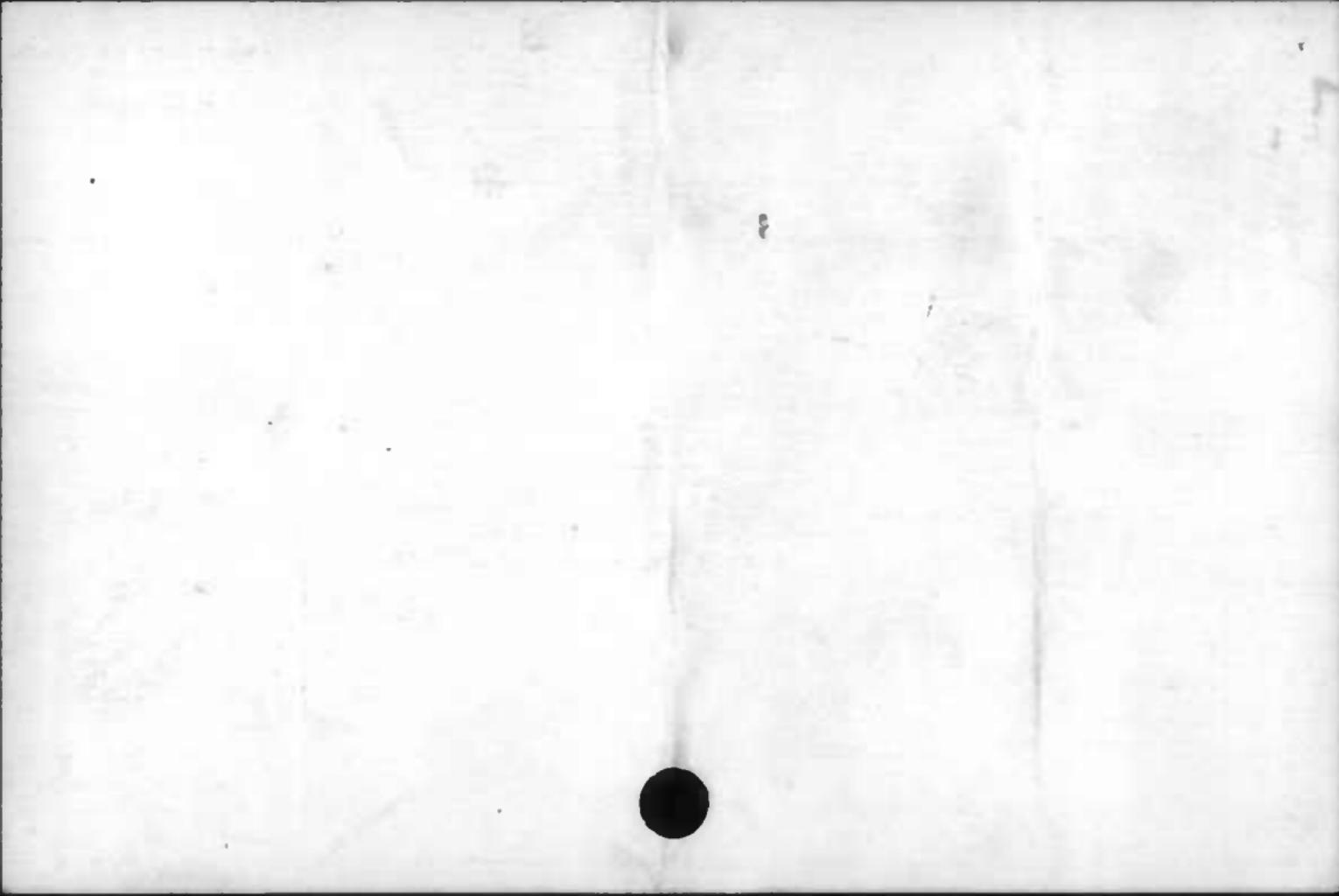
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
J.W.

Address

G. E. Stewart
E. A. Larkford
Harbor, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

Age

36

Sex

Male

Color or
Race

White

Birth-
place

Baltimore, Md.

Married, Single
or Widowed

Single

Occupation

School Teacher

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
InformationFather's
Birthplace

Baltimore, Md.

Mother's
Birthplace

Baltimore, Md.

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Unknown

Immediate

Asthma

How long

5

Are the name, age, sex, color, date
and place correctly given above?

Yes

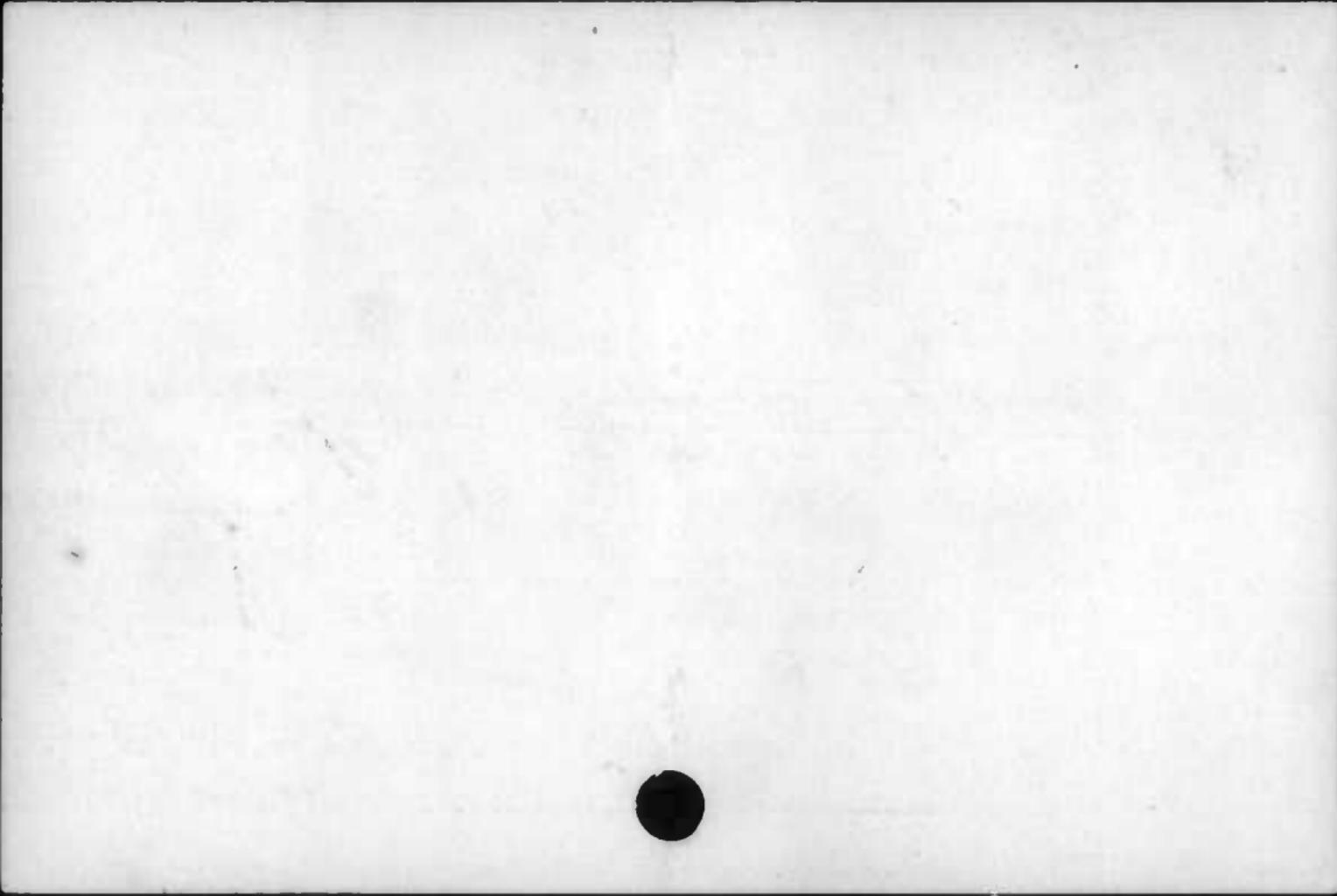
Signature of
Physician

Address

S. J. Windsor, M.D.
School Teacher
Somerset Co., Md.

J

Accident or Suicide?



Name
in
Full

Samuel Waters

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Somerton			County	Somerset						
Died at				County	Maryland						
Date of death	1909	Month	July	Day	19	Years	58	Months	0	Days	10
Sex	male	Color or Race	Black	Birth-place	Somerset Co.						
Occupation	Former			Where Residing if not at place of death							
Married, Single or Widowed	married	Name of Wife or Husband	Hannah Burnett			Father's Name	Somerset Co.				
Father's Name	Samuel Waters			Father's Birthplace							
Mother's Maiden Name	Rhoda	waters	Mother's Birthplace	Somerset Co.							
Name of person giving Information	A. L. Lyon			How related to deceased	none						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

How long

154 X

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

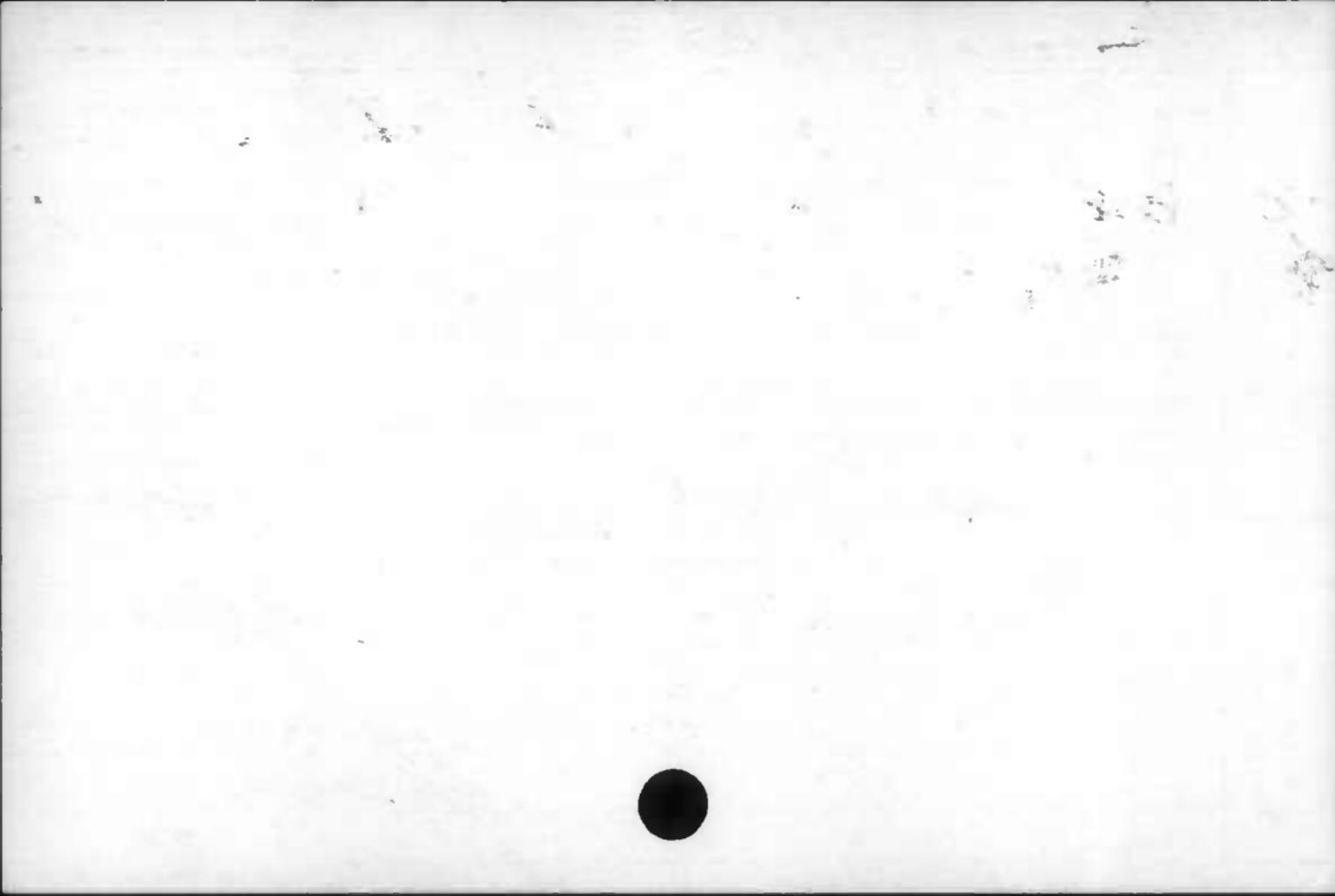
Signature of Physician

Dr. A. B. Allen

Address

Somerton,
Md

Accident or Suicide



Name
in
Full

Rebecca white

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Orcole</i>	County <i>Somerset</i>	MARYLAND		
Date of death	Month <i>1909 July</i>	Day <i>23</i>	Age <i>83</i>	Months <i>✓</i>	Days
Sex	Color or Race <i>Female</i>	White	Birth-place <i>Somerset Co.,</i>		
Occupation	Where Residing if not at place of death <i>None Same</i>				
Married, Single or Widowed	Spouse Name <i>Widowed</i>	Name of Wife or Husband <i>Wm white</i>	Father's Birthplace <i>Ind</i>		
Father's Name	<i>James McDermott</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>McKown</i>		How related to deceased <i>nephew</i>		
Name of person giving Information	<i>Geo Waable</i>		How long <i>8 mos</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

164

Primary

Fractured Femur

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

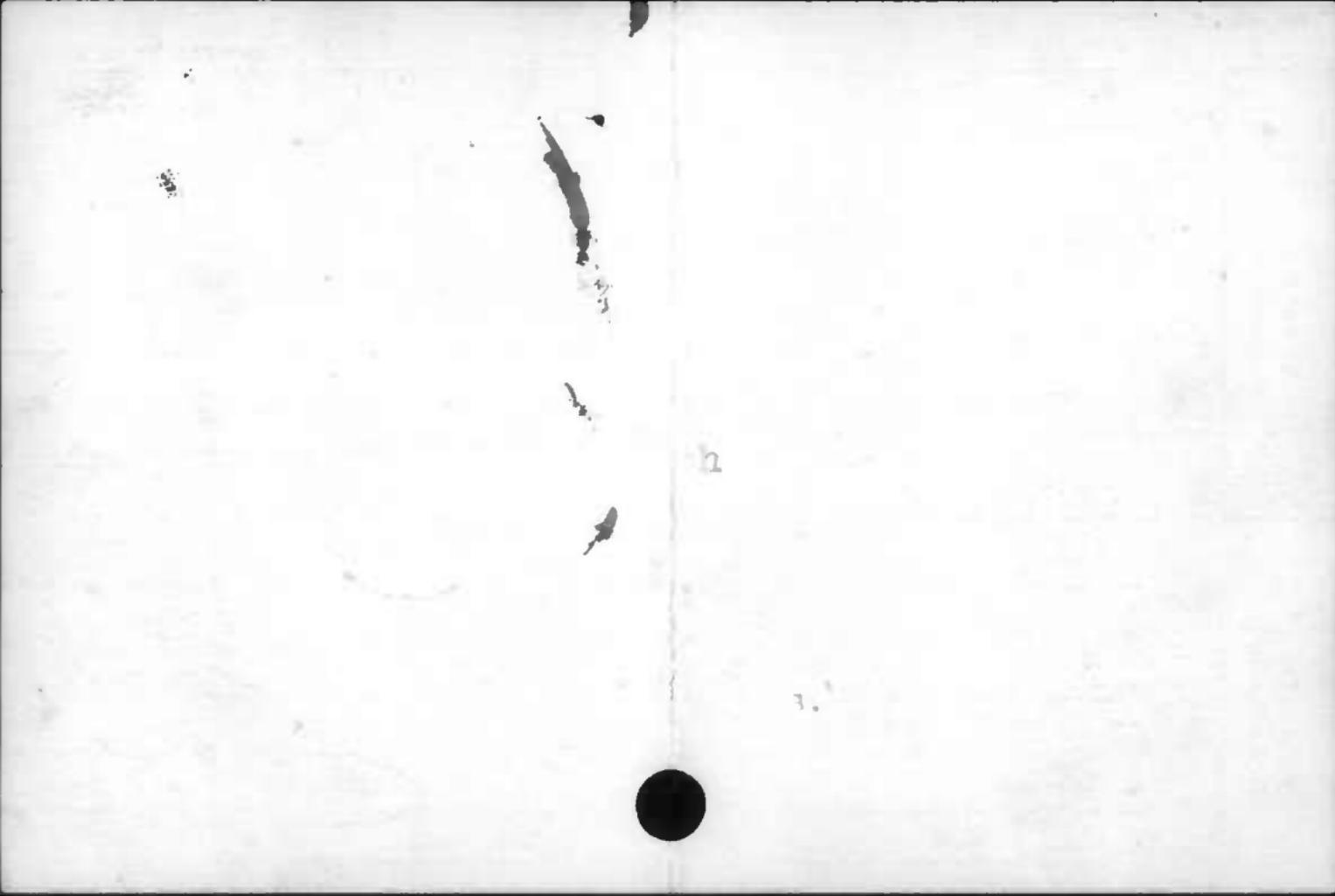
Signature of
Physician

Address

Accidental fall while

*Robt Stoyt
People*

Accident or Suicide
Walking (nlp)

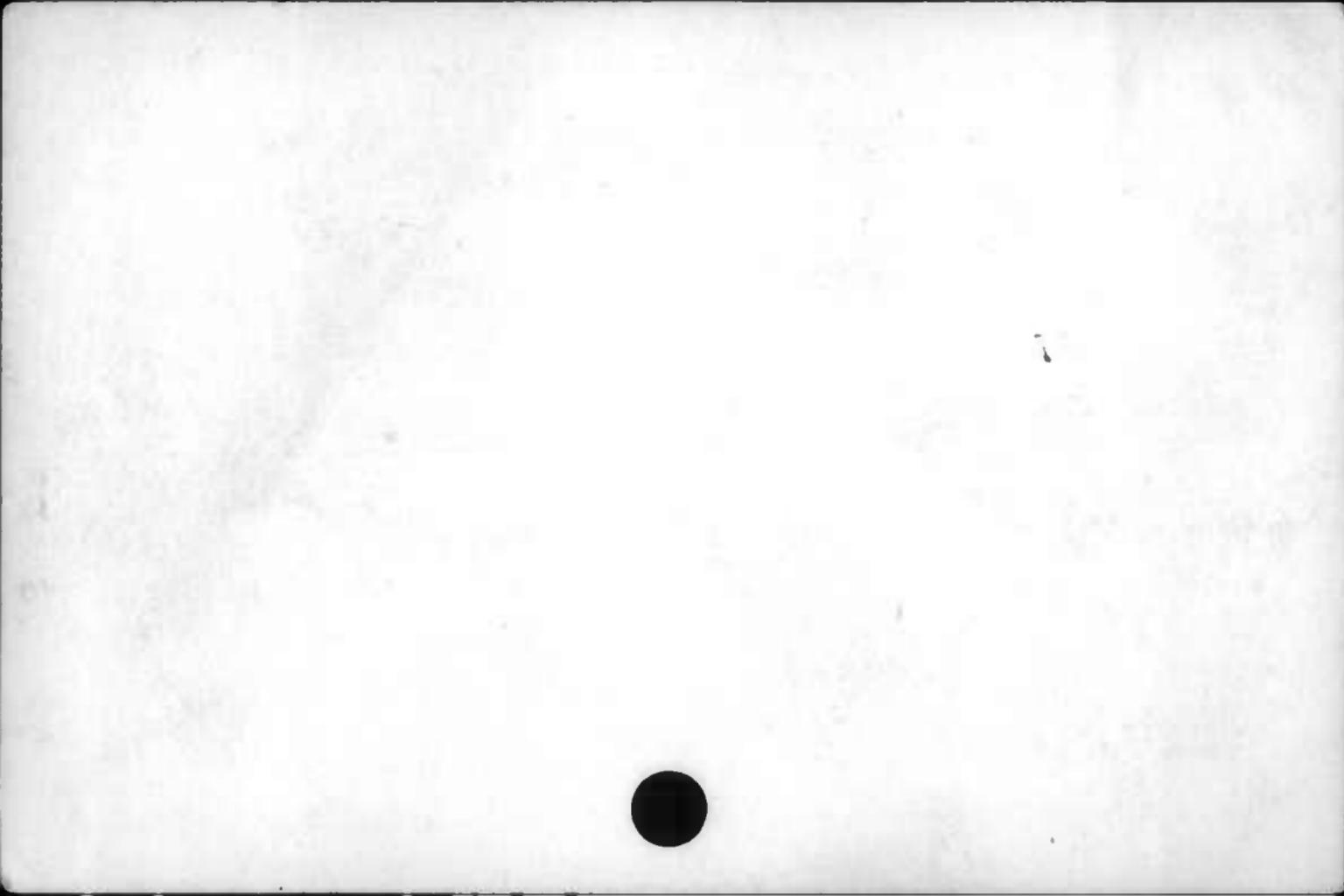


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH																																																								
Died at	Baltimore	Month	July	Years	1	Month	MARYLAND	Days																																																						
Date of death	1909	Age	1	Birth- place	Baltimore																																																									
Sex	Male	Color or Race	White	Where Residing if not at place of death																																																										
Occupation																																																														
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Baltimore																																																									
Father's Name	Frank Williams			Mother's Birthplace	Baltimore																																																									
Mother's Maiden Name	Anna Eastman			How related to deceased	Child																																																									
Name of person giving Information	Anna Williams			How long	3 weeks																																																									
<table border="1"><tr><td colspan="9">CAUSES OF DEATH</td></tr><tr><td>Primary</td><td colspan="8">Typhoid fever</td></tr><tr><td>Immediate</td><td colspan="8">No medical attention</td></tr><tr><td colspan="9">Are the name, age, sex, color, date and place correctly given above?</td></tr><tr><td colspan="9">Signature of Physician Address</td></tr><tr><td colspan="9">Accident or Suicide</td></tr></table>									CAUSES OF DEATH									Primary	Typhoid fever								Immediate	No medical attention								Are the name, age, sex, color, date and place correctly given above?									Signature of Physician Address									Accident or Suicide								
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Signature of Physician Address																																																														
Accident or Suicide																																																														
																																																														



Name
in
Full

John W. Nilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Crisfield	Somerset			
Date of death	Month	Day	Years	Months	Days
1909 July	19		Age	2	
Sex	Color or Race	Birthplace			
Male	White	Crisfield			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Wilson	Father's Birthplace			
Mother's Maiden Name	Minnie Scott	Mother's Birthplace			
Name of person giving Information	John Wilson	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

105

X

Immediate

Stasis - Colitis

5 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C E Callinan
Crisfield
Md.

Accident or Suicide

01

